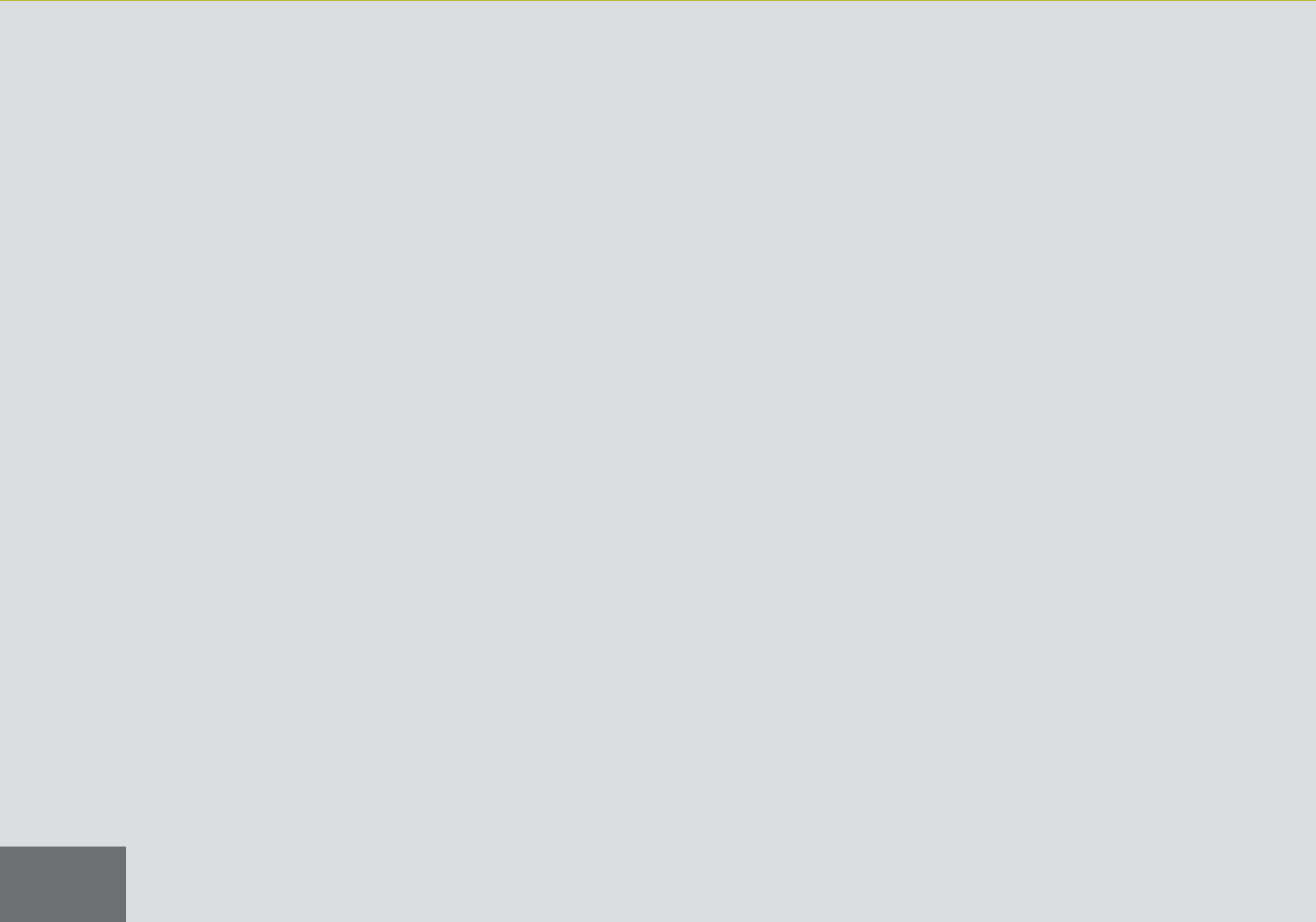




Government of Western Australia
Department of Health

WA Health Clinical Services Framework 2010–2020





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FOREWORD

The WA Health Clinical Services Framework 2010–2020 (CSF 2010) sets out the planned structure of public health service provision in Western Australia over the next 10 years. It is an important tool for strategic statewide planning and will assist Area Health Services in developing localised clinical service plans.

The CSF 2010 is a revised, updated and expanded version of the WA Health Clinical Services Framework 2005–2015 (CSF 2005). It provides new levels of detail and a more comprehensive picture of clinical services across the state. It is based on the most up-to-date demographic data and projections of future service needs, helping us to prepare and plan for emerging clinical challenges.

The scope of the framework has been significantly expanded since the publication of the CSF 2005. For the first time, the framework includes information on services and service levels at Western Australia's country hospitals and health facilities, making this the first comprehensive statewide picture of clinical service provision in the public sector.

The framework has also been expanded to include a range of non-hospital services provided across WA, in areas including:

- Aboriginal health
- ambulatory care
- child health
- dental care
- mental health
- primary care
- public health.

Considerable work has gone into preparing this document. The CSF 2010 takes into account policy decisions made since the publication of the previous clinical services framework. The development of new Models of Care by Health Networks, and targeted consultations held with clinical and community stakeholders have also informed this framework.

The publication of the CSF 2010 reinforces WA Health's efforts to ensure openness and transparency in the Western Australian public health system. It is all part of our commitment to providing sustainable, equitable, efficient and accountable health services to meet the needs of the WA community.



Dr Peter Flett
DIRECTOR GENERAL OF HEALTH

1. BACKGROUND

A WA Health Clinical Services Framework was first released in 2005 as a government endorsed framework for planning health care services throughout Western Australia. The WA Health Clinical Services Framework 2005–2015 (CSF 2005) was a blueprint for providing safe, high quality care to the community of Western Australia in the most efficient and effective manner possible.

The CSF is reviewed and updated periodically to ensure it remains responsive to the principles of health reform and reflects changes in the health care environment. The review process accommodates significant changes in direction that can impact on the planning and delivery of health services. For example, the decision to retain Royal Perth Hospital has necessitated a major adjustment in the clinical planning process.

The CSF 2005 was developed through an extensive consultation process. The CSF 2010 employs the same focus on planning, research and consultation, drawing from the following:

- a review of planning assumptions including the impact of reform measures, the impact of new technology, service demand modelling and population projections
- Area Health Service (AHS) plans for clinical services
- Foundations for Country Health Services 2007–2010
- Models of Care.

Development of CSF 2010 was overseen by a Clinical Services Steering Committee chaired by the Director General. The Committee ensured that service definitions, role delineation and significant parameters of demand and capacity projections were reviewed and signed-off as appropriate for use in the framework document.

Consultation on CSF 2010 involved extensive collaboration with AHSs, Health Networks and a large number of clinicians. In addition, the Health Consumers' Council WA was briefed on the progress of CSF 2010.

The CSF 2010 goes beyond the scope of the previous CSF to include:

- detailed modelling and role delineation of services provided by the WA Country Health Service (WACHS)
- modelling not only for inpatient services, but also non-admitted and emergency department services
- demographic information based on the results of the 2006 Population Census
- progress on the development and implementation of Models of Care
- updated demand and capacity projections
- contributions from Health Networks
- developments in infrastructure, workforce and information communication technology (ICT).

In recent years, a number of service improvement programs have been established to refocus the health system. The common objective of these programs is to assist consumers to stay healthy; access safe, quality services; and make a simple and effective journey through the health system. The programs include the development and implementation of Models of Care, strategies for community supported services, initiatives for outpatient service reform and the Four Hour Rule Program.

The CSF 2010 is the first document published in WA that encompasses clinical planning across the entire State public sector and across all facets of hospital care. While it is an over-arching medium to long-term planning document, it also provides a foundation for more extensive and detailed planning to be undertaken by AHSs. It sets the high-level policy framework to assist local AHS planning and informs infrastructure, ICT and workforce planning across the health system.

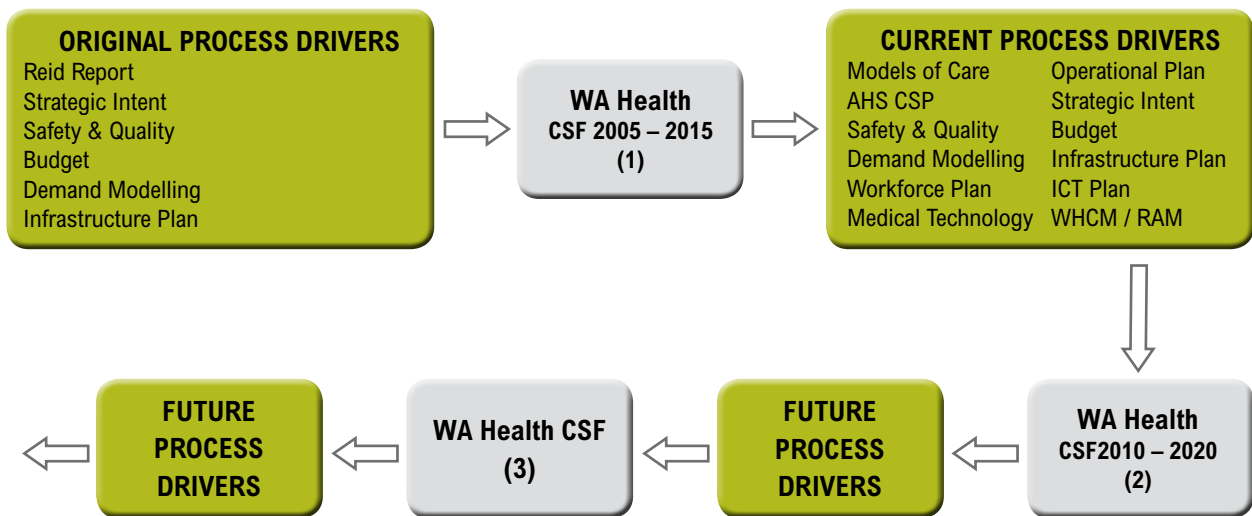
Since the release of CSF 2005, all AHSs have developed their own localised clinical services plans. Following the publication of CSF 2010 the AHSs will update their individual clinical services plans to reflect the updated information.

The CSF 2010 outlines strategies for delivering the Government’s vision for providing public sector clinical services over the next 10 years and informs our external stakeholders and partners of health service development intentions throughout the State. This high-level planning tool will provide an indication of the magnitude of demand for and supply of services into the future.

In reading CSF 2010, it is important to note first that much of the planning is based on projections, and projections become less exact the further they reach into the future. Secondly, the successful delivery of services specified within CSF 2010 is contingent on the correct alignment of circumstances (political, economic, etc.) and resources (workforce, funding, etc.). Many of these factors are beyond the control of this CSF.

The CSF is scheduled for updates at regular intervals to respond to emerging trends in demand, clinical practice, technology and policy. However where significant change to the CSF is needed at times that do not fit the schedule of regular updates, there will be a process in place to allow for such change to be endorsed.

Clinical Services Framework Process



2. DELIVERING WA HEALTH SERVICES

The delivery of public sector health services is influenced by policy, planning, strategy and resource parameters that reflect the changing context of health care in the State. These parameters describe the kind of services we strive to deliver and provide direction to service planning.

a. Safety and Quality

Significant challenges must be met to ensure that health care in WA remains both safe and of high quality. These challenges include increasing demand for health services, constraints on resources, demographic change, workforce shortages and increasing patient expectations.

The WA Strategic Plan for Safety and Quality in Health Care 2008–2013 (the Strategic Plan) provides direction and guidance for WA Health in delivering safe, high quality health care. The Strategic Plan was developed by the WA Council for Safety and Quality in Health Care in conjunction with the Office of Safety and Quality in Healthcare and is the third five year plan of its kind.

Building on achievements since the first five-year plan was published in 1998, the Strategic Plan is built around The Four Pillars of the WA Clinical Governance Framework. It outlines the objectives, strategies and governance requirements that will provide the foundation for programs, initiatives and activity aimed at ensuring the delivery of safe, high quality health care in WA. It clearly articulates that safety and quality is an integral part of Statewide clinical service planning, incorporating all facets of hospital care. Importantly, it also emphasises the need for safety and quality to play equally important roles at all levels of health service delivery.

The Strategic Plan aligns with the priority work programs and proposed National Safety and Quality Framework currently being developed by the Australian Commission on Safety and Quality in Health Care. The Western Australian Strategic Plan for Safety and Quality in Health Care 2008–2013 is available at:

www.safetyandquality.health.wa.gov.au/docs/WA_strategic_plan_for_safety_and_quality_in_health_care_2008-2013.pdf

b. Models of Care

Models of Care are strategic policies related to a disease grouping, population sub-group or service need. They set out an evidence-based framework describing the right care, at the right time, by the right person/team in the right location across the continuum of care.

The Models of Care are focused on improving patient care throughout the health system and have been developed across a range of specialties. Their coverage extends from prevention and promotion, early detection and intervention, to integration and continuity of care and self management.

The Health Networks, which were first established in July 2006, have engaged clinicians and consumers in the development of statewide clinical policy across Western Australia. To date, 18 Health Networks have been formed for specific population groups, disease groupings and service needs and have had the lead role in the development of Models of Care.

These Networks include:

- Acute Care
- Aged Care
- Cancer and Palliative Care
- Cardiovascular Health
- Child and Youth Health
- Digestive
- Diabetes and Endocrine Health
- Falls Prevention
- Genetics
- Infections and Immunology
- Injuries and Trauma
- Mental Health Community
- Musculoskeletal
- Neurosciences and the Senses
- Primary Care
- Renal
- Respiratory Health
- Women's and Newborns'

More information about Health Networks is available at www.healthnetworks.health.wa.gov.au

The Models of Care can be viewed at www.healthnetworks.health.wa.gov.au/modelsofcare/

c. Area Health Services

Since the release of CSF 2005, there has been an integrated approach to the provision of health care underpinned by the area health service model. The Area Health Services (AHSs) are comprised of the North Metropolitan Area Health Service (NMAHS), the South Metropolitan Area Health Service (SMAHS), Child and Adolescent Health Service (CAHS) and the WA Country Health Service (WACHS). The AHSs have actively planned and managed health service delivery around the broad health needs of their respective catchment populations.

Each AHS has developed a Clinical Services Plan that focuses on delivering a more balanced and holistic health service that meets not only the tertiary health care needs of the population, but also their primary and secondary health care needs. The perspective and input of the AHSs has been crucial to the delineation of roles for hospitals and other health service facilities outlined in CSF 2010.

3. ADDRESSING DEMAND

WA Health has introduced a number of strategies to manage demand in areas of greatest need. Some of the achievements from these strategies are detailed below.

1. Inpatient Demand

From the early days of health reform, WA Health has recognised the importance of ensuring that the demand for inpatient services is managed appropriately. The public health system remains the community's provider of choice for admitted patient care. For this reason, WA Health places great emphasis on strategies to achieve safe, quality hospital inpatient care substitution and to reduce hospital lengths of stay (beddays).

Initiatives implemented to date have resulted in lower average lengths of stay, higher proportions of sameday admissions and a decrease in the use of hospital beds for ambulatory sensitive conditions. Some examples of these initiatives are the Ambulatory Surgery Initiative (ASI), the SurgiCentres at Osborne Park Hospital and Kaleeya and community supported services such as Hospital in the Home (HITH) and Rehabilitation in the Home (RITH).

2. Emergency Department Demand

Hospital emergency departments (EDs) have continued to be viewed as convenient 'one-stop-shops' for patients to receive all inclusive health care (diagnosis and treatment) that does not entail out-of-pocket expenses. This has resulted in rapidly increasing demand for ED services that could not continue to be safely accommodated in existing facilities.

A number of initiatives have been introduced to manage ED demand. ED process redesign for mental health patients, after hours GP clinics, Hospital in the Nursing Home and policy changes regarding the operation of ambulance services have all targeted the improvement of the processes and responsiveness of emergency departments.

3. Outpatient Services

An Outpatient Reform Project was initiated in 2007 to standardise and streamline administrative processes in metropolitan outpatient services. The project scope included all doctor attended outpatient clinics in five metropolitan tertiary hospital sites, a total of approximately 750,000 visits per annum.

The five initiatives targeted:

- central receipting /caseload allocation
- Clinical Priority Access Nurse (GP Liaison)
- audit of referrals
- standardised performance reporting
- electronic referrals.

To date, the project has:

- reduced wait times for first appointments at adult tertiary sites (to <90 days)
- eliminated cases of waiting beyond recommended times in three of the five sites
- reduced the ratio of new to follow-up appointments from 1:5 to 1:3, increasing the number of new patients seen by 21 per cent or 20,000 individuals

- increased throughput by between one and 16 per cent, depending on the site
- implemented electronic secure messaging and standardised periodic performance measures (KPI) reporting.

4. Service Redesign

The AHSs have introduced a number of strategies that aim to improve the efficiency of service provision, particularly in hospitals. Principal among these initiatives is a program of service redesign.

The Service Redesign Program aims to improve the management of demand for health care. It does this through measures including delivery of better services outside hospitals and freeing up hospital capacity through improved patient flow and increased availability of beds. Previous redesign projects focusing on unplanned admission, elective surgery, the surgical patient journey and mental health have been implemented primarily at tertiary hospitals.

4. HEALTH SERVICE PROVIDERS

The provision of State public health services is principally the responsibility of the AHSs. The CSF 2005 described in some detail the roles of the metropolitan Area Health Services, NMAHS, SMAHS, and CAHS.

For the first time, CSF 2010 details the WA public health system's response to rural area health needs as coordinated by the WA Country Health Service (WACHS). This framework also outlines the range of partners with whom WA Health collaborates to deliver a comprehensive health service.

a. Metropolitan AHS

Since CSF 2005, there have been significant government policy changes in regard to the planned delivery of health services in WA. When CSF 2005 was developed; government policy included the closure of Royal Perth Hospital (RPH) and the relocation of services to other facilities, primarily to Fiona Stanley Hospital (FSH) and Sir Charles Gairdner Hospital (SCGH). In CSF 2010, RPH will remain open and will sit within SMAHS in terms of policy, planning and operations. The CSF 2010 reflects the updated delineation of responsibilities for these metropolitan area services.

b. WA Country Health Service

The CSF 2010 now includes services provided by WACHS and recognises the challenges of delivering high-quality health care in rural and remote WA. While Australians generally enjoy very good health, country residents experience poorer health than those living in metropolitan areas. There is also an unacceptable gap between Aboriginal and non-Aboriginal health outcomes and life expectancy.

To address the challenges impacting on the health of country residents WACHS works closely with its communities and partners to:

- deliver contemporary care and service models
- address health inequities and seek to close the gap in health outcomes for Aboriginal residents
- build workforce excellence by striving to make WACHS a great place to work
- invest responsibly in health services that support our strategic directions.

The WACHS is the largest Area Health Service in Australia in geographical terms, covering 2.55 million square kilometres. This vast area presents significant challenges for health service delivery. It is made up of seven distinct and diverse regions which provide health services through:

- 70 country hospitals (six larger centres, 15 medium sized hospitals and 49 small hospitals)
- 47 nursing posts in regional and remote locations
- numerous community based health centres.

Ensuring integrated and coordinated emergency and trauma services for all communities is a priority for WACHS in collaboration with metropolitan services. All 70 WACHS hospitals provide a level of emergency and disaster response in partnership with the Royal Flying Doctor Service and St John Ambulance emergency retrieval services. The smaller sites provide resuscitation and medical stabilisation with support and access to specialist advice prior to transfer to larger sites.

In considering the role delineation for country health services a number of unique issues need to be considered. These include:

- the need for country patients to travel long distances to other country centres or to the Perth metropolitan area for investigations, diagnosis, treatment and outpatient follow-up care
- recruitment and retention of staff, including in some specialty areas
- availability of appropriate professional support
- greater reliance on generalist medical workforce, and the broader range of skills required to provide family medicine, emergency medical and procedure practice
- lack of private general practitioner and certain specialty services in some country areas, meaning that services must be supplied and funded by the public health system.

All regions have developed clinical service plans which will form a guide for investment and reform over the next five to ten years and integrate with workforce, medical technology; communication and information management; capital and resource allocation plans.

c. Partnerships

WA Health works within the constraints of policy and available resources to provide a range of health services. In order to ensure that the community has access to as comprehensive a range of services as practicable, WA Health may enter into partnership arrangements with external agencies. These partnerships are contingent on evidence that good patient outcomes and efficiency gains can be achieved.

WA Health consults with key agency partners, including the private sector, non-government organisations (NGOs) and the Australian Government in order to inform State health planning and to keep abreast of new trends in service delivery, infrastructure and policy.

1. General Practitioners

General Practitioners (GPs) are often the first point of contact for people seeking health care. They provide the first points of diagnosis and treatment and linkages to specialist care where appropriate. In addition, GPs are important in helping to disseminate healthy lifestyle messages and implement health screening campaigns. For these reasons, GPs are integral to the delivery of health care.

GPs in the community are funded by the Commonwealth, rather than the State Government, and therefore the role delineation matrix does not capture their services. However, WA Health works closely with the Divisions of General Practice to continually improve integration of services between State funded services and the Commonwealth funded primary care spectrum.

2. Australian Government Department of Health and Ageing (Commonwealth)

The Australian and Western Australian Governments share responsibilities in the delivery of health services to the WA community. Recent changes and reforms to the roles and responsibilities in resourcing the delivery of health care have seen new and exciting opportunities develop that are aimed at improving the health outcomes of all Australians.

In July 2009, the National Health and Hospitals Reform Commission released its final report outlining a number of strategies to improve health outcomes for all Australians. The full report can be viewed at:

www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nhhrc-report

In September 2009, the Commonwealth also released the report of the Preventative Health Taskforce. The National Preventative Health Strategy Taskforce report is available at:

www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/national-preventative-health-strategy-1lp

In line with the Commonwealth Government's strategies, future financial investment will focus on these areas.

3. Private Hospital Care

The public health system provides an extensive range of services that are also available in the private sector. For this reason, planning for the future delivery of health care services includes consideration of private sector plans.

For many years, WA Health has collaborated with the private sector to ensure effective and efficient health care planning. For example, in planning for the new Fiona Stanley Hospital, WA Health aimed to achieve synergies with the private sector by selecting a site that is co-located with a private facility. WA Health linkage with the private sector includes the purchase of beds from private hospitals during times of high demand and the ongoing agreements with private sector hospital care providers such as Ramsay Health Care at Joondalup and Health Solutions (WA) Pty Ltd at Peel.

4. Non-Government Organisations

NGOs play an important role in delivering care to patients. These organisations offer expertise and support primarily (though not exclusively) in the public health, disease control, health promotion and research arenas.

In 2008/09 WA Health funded approximately 560 NGO contracts to a value of over \$650 million to deliver services ranging from patient advocacy to Hospital in the Home services. Typically, NGOs deliver specialised care and may receive part funding from the State Government (and/or the Commonwealth) to deliver services. Examples of NGOs that receive funding from the State Government include the Royal Flying Doctor Service, St John Ambulance Australia, Silver Chain and the WA Red Cross.

5. Aboriginal Health

Achieving improvement in Aboriginal health status remains one of the most complex and challenging tasks faced by the Western Australian Government. Contributing to the complexity of achieving significant improvement in health outcomes is the fact that provision of better health services must happen alongside improvements in other key areas such as housing, education, employment and economic development.

WA Health works with a number of organisations including the Aboriginal Medical Service, the Department of Indigenous Affairs and other agencies of government in an effort to improve the health status of WA's Indigenous population.

6. WACHS Industry Partnerships

The WACHS faces health service challenges which differ from those present in the metropolitan area, and which require different strategies to meet community needs. One such challenge is the increased demand for health services created as a direct result of resource sector expansion in country areas.

Modelling for population in the Pilbara was undertaken by Heuris Partners Ltd. and used in the WA Health modelling, has projected that by 2021 the population will increase to 63,000 from its present level of around 44,000. This will lead to a corresponding increase in demand for health services and health workforce.

The result for the WACHS is that its ability and capacity to continue to provide and maintain health services to a standard acceptable to the Pilbara community presents logistical challenges on a scale not seen previously. Fortunately, the private sector is increasingly aware of the considerable benefits of working with government and local communities to enhance the 'liveability' of the regional towns which house its workforce.

Recent examples of industry partnerships include:

- A joint funding agreement between WACHS and BHP Billiton Iron Ore Pty Ltd over six years (beginning in 2006) to the value of approximately \$5.4 million. Funding initiatives include:
 - the appointment of an emergency medicine specialist at Port Hedland Regional Resource Centre and a child and adolescent mental health practitioner for Newman
 - fortnightly charter flights to Newman to increase clinical and community services
 - telehealth, and child and maternal health programs.
- A \$38.2 million partnership between WACHS and the Pilbara Industry's Community Council to undertake multiple initiatives in the areas of emergency response, workforce, Indigenous employment, population health, and health infrastructure and planning. The Liberal – National Government's Royalties for Regions Program has underwritten the State's ongoing investment over the period of the forward estimates.

5. INFLUENCING CHANGE

Health service planning, development and implementation are enabled by a handful of factors that underpin health care delivery:

- activity demand
- workforce
- infrastructure
- information and communication technology
- costing
- medical technology.

The way in which these factors interact has an impact on where and how we deliver services.

a. Activity

WA Health's CSFs are underpinned by modelling of activity demand and capacity. In CSF 2005, the modelling focused solely on metropolitan inpatient activity. In CSF 2010, the modelling has been expanded to incorporate inpatient activity for both metropolitan and country areas, emergency department projections and future estimates of outpatient activity.

The demand modelling process utilised the population projections of the Australian Bureau of Statistics (ABS) Series C released in 2008. These figures were the low-growth projections of the Estimated Resident Population (ERP) from the 2006 Australian Census.

Projections of inpatient activity (Hardes data) were based on estimates produced by consultants Hardes and Associates, similar to activity projections used in CSF 2005.

Demand modelling is comprised of three major steps as outlined below.

1. Projection of base year demand into the future (status quo model). This model is based on the current utilisation and population projections. It assumes that demand is not restricted by workforce, bed capacity or funding; that the level of service in the base year is continued and adequate; and that policies in place in the base year are maintained.
2. Development of a 'scenario' model by modification of future demand projections generated by the status quo model (scenario model). This, and the status quo projections, are developed by applying the impact of a range of strategies to achieve quantified efficiencies and known changes that will impact upon utilisation rates in the status quo model. This model is developed in consultation with Health Networks and AHS planners regarding anticipated changes in health care practices and service delivery changes.
3. Redistribution of demand across facilities in the scenario model to reflect changing patterns of service (capacity model). Following endorsement of the latest Hardes data, the capacity model has been produced redistributing demand to hospitals based on the closest, most appropriate (as defined by role delineation in the CSF) and available hospital. Production of the capacity model has been completed in consultation with AHS planners and WA Health Infrastructure team.

More detailed information on the scenario development is available from the Clinical Modelling and Infrastructure Unit at WA Health.

b. Workforce

An adequate supply of suitably skilled workers is essential for the delivery of the clinical services outlined in CSF 2010. Successful planning for the delivery of these services requires the integration of workforce planning with infrastructure and financial resources and with activity objectives. The addition of WACHS into CSF 2010 provides, for the first time, an opportunity to develop an integrated workforce plan for all services provided by WA Health.

Workforce and clinical planners have commenced collaborative work on modelling the workforce required to deliver the clinical services specified in the CSF 2010 and to identify areas of risk due to workforce shortages. More generally, workforce plans will enable the planning for clinical services to consider emerging workforce issues. The modelling is scheduled to be completed in late 2009.

A number of reforms are being developed over 2009–10 which improve the capacity of the workforce. These reforms will also allow for closer monitoring of workforce issues that can impact on service delivery, and provide for better coordination of WA Health's response to those issues. The reforms include:

- a new clinical training placement system to improve coordination, consistency and funding for professional entry clinical training
- nationally consistent registration and accreditation for 10 occupations which account for 80 per cent of the clinical workforce
- projections of supply and demand at detailed occupational/specialty levels by site and service
- improved FTE budgeting projections linked to activity
- streamlined and consistent system-wide HR policies
- the use of simulated learning environments to expand clinical training capacity
- expanding education and training at major regional hospitals as part of the Rural Clinical Schools Program.

WA Health is committed to developing a sustainable supply of skills in the health workforce. This commitment underpins the development and implementation of our workforce policies. Over the course of 2010, the current strategic workforce framework will be revised to reflect emerging workforce developments at a State and national level, the revised clinical services framework, and related financial and infrastructure planning.

c. Infrastructure

WA Health's State Health Infrastructure Plan (SHIP) is currently in development and will provide a detailed 10 year plan for the management and development of capital assets. To ensure that projected service needs can be met, SHIP will be based on the role delineation and service requirements outlined in CSF 2010 and identified capital development requirements.

The SHIP will cover all areas of asset development requirements, from minor upgrades required to ensure buildings remain fit-for-purpose through to the provision of new or replacement health facilities.

The SHIP builds on the previous Metropolitan Infrastructure Development Plan (MIDP) developed in 2005 as a follow on from CSF 2005. Whilst the focus of the MIDP was predominantly on the metropolitan area, SHIP will be expanded to become a statewide plan – encompassing both metropolitan and rural infrastructure developments. The process will include a review of WA Health's current asset investment program in light of the updated service needs outlined in CSF 2010. Additionally, SHIP will have a broader focus, including non-inpatient infrastructure such as that related to the delivery of community supported services, consistent with CSF 2010.

Further information on the SHIP development process and linkages within the broader Government asset management framework will be available in SHIP, due for release in 2010.

d. Information and Communication Technology

Supporting the CSF and a number of health reform projects is an Information and Communication Technology (ICT) Strategic Framework.

The ICT Strategic Framework will ensure that ICT investment and effort focuses on and aligns with WA Health's key strategies and priorities. This framework will be linked to a strategic plan.

There are six key elements of the framework:

- Clinical Systems – covering patient administration, clinical and specialty departmental applications
- Corporate Systems – encompassing administrative, business support and corporate applications
- Information – standardising, monitoring, analysing and disseminating information
- Infrastructure – procuring and maintaining servers, storage, desktop, communication and network infrastructure
- Facilities – aligning ICT products and services to the commissioning of health service facilities
- Medical Equipment – integrating medical equipment with the ICT network.

Stakeholders will be appropriately engaged in the development of any business cases, procurement activities, implementation and/or ongoing operational activities.

e. Costing – Recurrent Costing

Following earlier investment in the development of cost-modelling methodologies, WA Health now uses two powerful tools for projecting costs associated with CSF 2010 and monitoring the financial and activity aspects of its implementation.

The two models are the Whole of Health Cost Model (WHCM) and the Resource Allocation Model (RAM). The WHCM is used to project WA Health's total recurrent (i.e. non-capital) expenditure, based upon current costs as well as expected changes in prices and wages. The RAM is a tool for allocating funding between health services. Whilst both models are subject to ongoing development and improvement, they have been in operation for several years and have been used to cost earlier iterations of clinical services planning work, including CSF 2005.

Both WHCM and RAM use demand projections associated with CSF 2010 as a major input into their forecasting processes. This is the same set of demand projections used to estimate workforce and infrastructure requirements. These projections include the Hardest inpatient activity projections, and ED and outpatient activity targets.

When completed, cost projections from both models will be used to assess the potential impact of CSF 2010 on the State health budget over the medium and long term. The estimates will be an important indicator of the further work that is required to put our public health system on a more sustainable footing, in line with Government policy and priorities.

The cost projections will be fed into the next stages of system-wide demand, workforce and financial planning. It will be used to engage partners and stakeholders in productive discussions about health system financing and achieving better integration between service provision and budget management.

f. Medical Technology

A high-level medical technology map is being developed for WA Health. This map will be used to ensure that clinical and facility planning are flexible and forward thinking in their approach to medical technology. It will capture the emergence of future technology and inform the current Medical Equipment Replacement Program. In addition, the extensive review that informs the medical technology map, contributes to more detailed area-wide clinical plans and informs individual site clinical plans and facility designs.

There is considerable input and collaboration with clinical stakeholders in identifying and prioritising technology requirements. To date, the clinical streams that have been involved are:

- Cancer
- Neurosciences
- Cardiovascular
- Musculo-skeletal
- Pain.

Further analysis will be undertaken following the completion of these maps to ensure that the introduction of new technology will assist in:

- improving patient outcomes and quality of care
- providing faster and more accurate diagnosis and treatment
- reducing length of stay.

6. CLINICAL SERVICES FRAMEWORK MATRIX

The CSF 2010 includes three separate matrices. The first outlines metropolitan hospital services, the second details WACHS hospital services and the third captures non-hospital services across the entire State.

METROPOLITAN HOSPITAL SERVICES

Tertiary Hospitals

Tertiary hospitals provide services requiring highly specialised skills, technology and support to all of Western Australia. Typically a tertiary hospital may include centres of excellence, research and development; and will provide a leadership role for integrated clinical services.

As a rule, a tertiary hospital provides services at a level 6 according to the clinical services role delineation definitions.

In 2010, the tertiary hospital sites in Western Australia are:

- Royal Perth Hospital (RPH) Wellington St Campus
- RPH Shenton Park Campus
- Sir Charles Gairdner Hospital (SCGH)
- Fremantle Hospital
- Princess Margaret Hospital
- King Edward Memorial Hospital
- Graylands Selby-Lemnos and Special Care Health Service.

The major adult tertiary developments that will occur in the Perth metropolitan area within the next 10 years include the following:

- By 2014, Fiona Stanley Hospital (FSH) will be functioning as a tertiary hospital.
- Services will be reconfigured across RPH, SCGH and FSH. Fremantle Hospital will no longer provide tertiary services.
- SCGH will provide cardiothoracic surgery, liver and kidney transplants, a comprehensive cancer centre, State centre for neurosciences, tertiary medical and surgical centres, mental health services, and a major research centre.
- FSH will deliver major trauma services, cardiothoracic surgery, kidney transplant, State burns service, a comprehensive cancer centre, tertiary surgical and medical services, tertiary mental health, obstetric and neonatal services, paediatrics and a major research centre.
- RPH will provide major trauma services, cardiothoracic surgery, heart and lung transplants, an advanced heart failure unit, tertiary mental health, major research centre and tertiary surgical and medical services.
- RPH Shenton Park Campus will close and the tertiary rehabilitation services will be relocated to FSH.

It is also planned that within the next six years, a new children's hospital will be built on the Queen Elizabeth II Medical Centre site, adjacent to the SCGH. This development will bring together a broad range of specialist services and assist in improving the transition between adolescent and adult health services.

The CSF 2010 provides a view of planned services out to 2020. Joondalup Health Campus will remain a general hospital within the scope of this iteration of the CSF.

General Hospitals

A general hospital is a facility that provides hospital services with a focus on the broader health needs of the community it serves, rather than a concentration on the purely clinical aspects of health care. A general hospital should provide for most of the health needs of its population. It would usually have the following clinical services and facilities:

- emergency departments
- 24 hour anaesthetic cover
- critical care units
- general surgery capacity (including day surgery)
- obstetric and neonate services
- general medical and geriatric services
- general paediatrics
- some mental health services
- some rehabilitation and sub-acute care
- diagnostics, treatment and ambulatory care.

A general hospital will have resident general specialists, some visiting subspecialists and junior medical staff. In the main, a general hospital provides services at a level 4 or possibly level 5 according to the clinical service role delineation definitions.

The CSF 2010 includes the following general hospitals:

- Joondalup Health Campus
- Swan District Hospital
- Armadale Kelmscott Memorial Hospital
- Rockingham General Hospital (including Murray Districts Hospital)
- Peel Health Campus.

Specialist Hospitals

By 2014, the specialist hospitals will be:

- Osborne Park Hospital
- Bentley Hospital
- Fremantle Hospital.

Although they may provide some general hospital services, these hospitals will largely be reconfigured to focus on mental health, aged care, rehabilitation services and elective surgery. None of these hospitals will have an emergency department.

These facilities may undertake high volume, low complexity surgery which may be done on an ambulatory or overnight basis, depending on the role delineation of the facility.

Generally, specialist hospitals will provide services at level 4/5 in their specialty according to the clinical services role delineation definition.

Other Hospitals

- Kalamunda District Community Hospital

Kalamunda hospital will focus on primary care, general procedures, aged care, subacute care, and low acuity maternity according to the CSF Role Delineation.

WA Country Health Service Hospital Services

The WACHS services and infrastructure are dispersed across the State and include:

- 6 Regional Resource Centres
- 15 Integrated District Health Services
- 49 small hospitals, including 32 multipurpose services and centres
- 26 community mental health services
- 47 nursing posts in regional and remote locations
- 2 State Government funded nursing homes
- community health services (53 locations)
- child health services (168 locations).

The Regional Resource Centres form the hub of regional services that span out to the smaller sites and services (the spokes) across the region. They incorporate the regional WACHS administration centres, are the base for region-wide services and are locations for the six regional hospitals at Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Port Hedland. The Integrated District Health Services incorporate 15 medium sized hospitals and district-wide health services.

In addition to existing facilities, WACHS has a range of infrastructure developments underway or planned across the regions.

NON-HOSPITAL SERVICES

This iteration of the CSF has separated out non-hospital services in order to demonstrate the broad range of services delivered by WA Health. It should be noted that this matrix uses a region/district based structure rather than the facility focus used in the hospital matrices.

Separating out non-hospital services in CSF 2010 has meant using some non-standard definitions of clinical and physical scope. This means that there are services provided in the hospital setting that may also be provided in a non-hospital setting. This overlap of hospital and non-hospital services highlights the blending that exists between these services. This blending is essentially a benefit for patients as WA Health strives to deliver seamless patient care.



METROPOLITAN HOSPITAL CLINICAL SERVICES FRAMEWORK

	South Metropolitan															North Metropolitan															Statewide																	
	Fiona Stanley Hospital			RPH			RPH Shenton Park Campus			Fremantle			Rockingham			Bentley			Armadale			Peel			SCGH			Swan			Osborne Park			Kalamunda			Joondalup			KEMH			PMH			Graylands (inc Selby)		
	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21						
Medical Services																																																
General	-	6	6	6	6	6	-	-	-	6	5	5	4	5	5	3	3	3	4	5	5	4	4	4	6	6	6	4	5	5	3	3	3	3	3	3	4	5	5	-	-	-	6	6	6	-	-	-
Cardiology	-	6	6	6	6	6	-	-	-	6	-	-	3	5	5	-	-	-	3	5	5	3	3	3	6	6	6	3	5	5	-	-	-	-	-	-	3	5	5	-	-	-	6	6	6	-	-	-
Endocrinology	-	6	6	6	6	6	-	-	-	6	4	4	3	4	4	-	-	-	3	4	4	3	3	3	6	6	6	3	4	4	4	3	3	3	-	-	4	5	5	5	5	5	6	6	6	-	-	-
<i>Endocrinology at KEMH offers a specialist service for gestational diabetes</i>																																																
Geriatric	-	6	6	6	6	6	-	-	-	6	5	5	4	5	5	5	5	5	5	5	5	3	4	4	6	6	6	5	5	5	5	5	5	3	3	3	5	5	5	-	-	-	-	-	-	-	-	-
Neurology	-	6	6	6	5	5	-	-	-	4	-	-	3	4	4	-	-	-	3	4	4	3	3	3	6	6	6	4	4	4	-	-	-	-	-	-	4	5	5	-	-	-	6	6	6	-	-	-
Renal Medicine	-	6	6	6	5	5	-	-	-	6	3	3	-	4	4	-	-	-	3	4	4	3	3	3	6	6	6	3	4	4	-	-	-	-	-	-	3	5	5	-	-	-	6	6	6	-	-	-
Renal Dialysis	4	6	6	6	6	6	4	-	-	6	-	-	-	4	4	3	3	3	4	5	5	4	4	4	6	6	6	3	3	3	3	3	3	-	-	-	4	5	5	-	-	-	6	6	6	-	-	-
Oncology	-	6	6	6	-	-	-	-	-	6	-	-	-	4	4	-	-	-	-	4	4	3	4	4	6	6	6	-	4	4	-	-	-	-	-	-	3	4	5	6	6	6	6	6	6	-	-	-
				chemo only																																												
Radiation oncology	-	6	6	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6	6	-	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-
Respiratory	-	6	6	6	6	6	-	-	-	6	-	-	3	4	4	3	-	-	4	4	4	3	3	3	6	6	6	4	4	4	-	-	-	-	-	-	4	5	5	-	-	-	6	6	6	-	-	-
Palliative care	5	6	6	6	4	4	-	-	-	6	-	-	-	4	4	-	-	-	-	4	4	2	2	2	6	6	6	-	3	3	-	-	-	4	4	4	3	5	5	-	-	-	6	6	6	-	-	-
Gastroenterology	-	6	6	6	6	6	-	-	-	6	4	4	3	4	4	3	3	3	3	4	4	3	3	3	6	6	6	4	4	4	4	4	4	-	3	3	4	5	5	-	-	-	6	6	6	-	-	-
Haematology	-	6	6	6	5	5	-	-	-	6	-	-	-	4	4	-	-	-	-	4	4	3	4	4	6	6	6	4	4	4	-	-	-	-	-	-	3	5	5	4	4	4	6	6	6	-	-	-
Immunology	-	6	6	6	5	5	-	-	-	6	-	-	4	4	4	-	-	-	4	4	4	3	3	3	6	6	6	4	4	4	-	-	-	-	-	-	4	4	5	4	4	4	6	6	6	-	-	-
Infectious Diseases	-	6	6	6	4	4	-	-	-	6	-	-	-	4	4	-	-	-	-	4	4	-	-	-	6	6	6	4	4	4	-	-	-	-	-	-	4	4	5	4	4	4	6	6	6	-	-	-
Surgical Services																																																
General	-	6	6	6	6	6	-	-	-	6	4	4	4	5	5	3	-	-	4	5	5	4	4	4	6	6	6	4	5	5	4	4	4	-	3	3	5	5	5	-	-	-	6	6	6	-	-	-
		kidney Tx		Heart lung Tx																					kidney, liver Tx																kidney Tx							
ENT	-	6	6	6	5	5	-	-	-	6	4	4	4	4	4	4	-	-	4	4	4	4	4	4	6	6	6	4	4	4	4	4	4	-	-	-	4	5	5	-	-	-	6	6	6	-	-	-
Gynaecology	-	5	5	-	-	-	-	-	-	4	-	-	4	4	4	3	-	-	4	4	4	3	3	3	-	-	-	4	4	4	4	4	4	-	-	-	4	5	5	6	6	6	4	4	4	-	-	-
Ophthalmology	-	6	6	6	5	5	-	-	-	6	5	5	4	4	4	3	-	-	4	4	4	3	3	3	6	6	6	4	4	4	4	4	4	-	-	-	4	5	5	-	-	-	6	6	6	-	-	-
Orthopaedics	-	6	6	6	6	6	5	-	-	6	4	4	4	4	4	3	-	-	4	4	4	3	3	3	6	6	6	4	4	4	4	4	4	-	-	-	4	5	5	-	-	-	6	6	6	-	-	-
Urology	-	6	6	6	5	5	4	-	-	6	4	4	4	4	4	3	-	-	4	4	4	3	3	3	6	6	6	4	4	4	4	4	4	-	-	-	4	5	5	6*	6*	6*	6	6	6	-	-	-
Cardiothoracic	-	6	6	6	6	6	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6	6	-	-	-
				heart, lung Tx																																												
Vascular surgery	-	6	6	6	6	6	-	-	-	5	4	4	3	4	4	-	-	-	3	4	4	3	3	3	6	6	6	4	4	4	4	4	4	-	-	-	4	5	5	-	-	-	6	6	6	-	-	-
Neurosurgery	-	6	6	6	6	6	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6	6	-	-	-	-	-	-	-	-	-	4	4	4	-	-	-	6	6	6	-	-	-
Plastics	-	6	6	6	6	6	4	-	-	4	4	4	3	4	4	3	-	-	3	4	4	3	3	3	6	6	6	3	4	4	4	4	4	-	-	-	4	4	4	-	-	-	6	6	6	-	-	-
Burns	-	6	6	6	4	4	-	-	-	4	-	-	2	2	2	-	-	-	2	2	2	2	2	2	4	4	4	2	2	2	-	-	-	-	-	-	3	3	3	-	-	-	6	6	6	-	-	-
Trauma	-	6	6	6	6	6	-	-	-	5	-	-	4	4	4	-	-	-	4	4	4	3	3	3	5	5	5	4	4	4	-	-	-	-	-	-	4	4	4	-	-	-	6	6	6	-	-	-
Emergency Services																																																
ED	-	6	6	6	6	6	-	-	-	6	-	-	4	5	5	-	-	-	4	5	5	4	4	4	6	6	6	4	5	5	-	-	-	-	-	-	5	5	5	6	6	6	6	6	6	-	-	-
Obstetrics and Neonatal Services																																																
Obstetrics	-	5	5	-	-	-	-	-	-	3	-	-	3	4	4	3	-	-	3	4	4	3	3	3	-	-	-	4	4	4	3	4	4	-	-	-	4	5	5	6	6	6	-	-	-	-	-	-
Neonatology	-	5	5	-	-	-	-	-	-	3	-	-	3	4	4	3	-	-	3	4	4	3	3	3	-	-	-	4	4	4	3	3	3	-	-	-	4	5	5	6	6	6	6	6	6	-	-	-
Paediatrics Services																																																
Paediatrics	-	5	5	-	-	-	-	-	-	4	-	-	3	4	4	2	-	-	3	4	4	3	3	3	-	-	-	3	4	4	3	3	3	-	-	-	4	5	5	-	-	-	6	6	6	-	-	-
Rehabilitation Services																																																
Rehabilitation	-	6	6	5	-	-	6	-	-	6	5	5	3	5	5	5	5	5	5	5	5	3	3	3	5	5	5	5	5	5	5	5	5	3	3	3	5	5	5	-	-	-	6	6	6	2	5	6
		State Rehab Centre																																														
Child and Adolescents Mental Health Services																																																
Emergency Services (hospital based)	-	4	4	-	-	-	-	-	-	-	-	-	-	4	4	5	5	5	4	4	4	-	4	4	-	4	4	3	4	5	-	-	-	-	-	-	-	4	5	-	-	-	5	6	6	-	-	-
Mental Health inpatient services	-	-	-	-	-	-	-	-	-	-																																						

WACHS HOSPITAL SERVICES FRAMEWORK – REGIONAL RESOURCE CENTRES

	Goldfields		Kimberley		Pilbara		Great Southern		Midwest		Southwest	
	2007/08	2014/15	2007/08	2014/15	2007/08	2014/15	2007/08	2014/15	2007/08	2014/15	2007/08	2014/15
Medical Services												
General	4	4	5	4	4	4	4	5	4	5	4	5
Cardiology	4	4	4	4	4	4	4	4	4	4	4	4
Endocrinology	4	4	4	3	4	4	4	4	4	4	4	4
Geriatric	4	4	4	3	4	4	4	4	4	4	4	5
Neurology	4	4	4	4	4	4	4	4	4	4	4	4
Renal Medicine	4	4	4	4	4	4	4	4	4	4	4	4
Renal Dialysis	4	4	4	4	4	4	4	4	4	4	4	4
Medical Oncology	4	4	4	4	4	4	4	4	4	4	4	4
Radiation oncology	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	5
Respiratory	4	4	4	4	4	4	4	4	4	4	4	4
Palliative care	4	4	4	4	4	4	4	4	4	4	4	4
Gastroenterology	4	4	4	3	4	4	4	4	4	4	4	4
Haematology	3	4	4	3	4	4	4	4	4	4	4	4
Immunology	3	4	4	3	4	4	4	4	4	4	4	4
Infectious Diseases	4	4	4	4	4	4	4	4	4	4	4	4
Surgical Services												
General	4	4	4/5	4	4	4	4	4/5	4	4/5	4	5
ENT	4	4	4	4	4	4	4	4	4	4	4	4
Gynaecology	4	4	4	4	4	4	4	4	4	4	5	5
Ophthalmology	4	4	4	3	4	3	4	4	4	4	5	5
Orthopaedics	4	4	4	4	4	4	4	4	4	4	4	5
Urology	4	4	4	4	4	4	4	4	4	4	4	4
Vascular surgery	4	4	4	4	4	4	4	4	4	4	4	5
Neurosurgery	4	4	4	4	4	4	4	4	4	4	4	4
Plastics	4	4	4	4	4	4	4	4	4	4	4	4
Burns	4	4	4	4	4	4	4	4	4	4	4	4
Trauma	4	4	4	4	4	4	4	4	4	4	4	4
Emergency Services												
ED	4/5	4/5	4/5	4	4/5	4/5	4	4/5	4	4/5	4/5	4/5
After Hours GP Clinics	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Obstetrics and Neonatal Services												
Obstetrics	4	4	4	4	4	4	4	4	4	4	4	4/5
Neonatology	4	4	4	4	4	4	4	3	4	4	4	4
Paediatrics Services												
Paediatrics	4	4	4	4	4	4	4	4	4	4	4	4
Rehabilitation Services												
Rehabilitation	4	4	5	4	4	4	4	4	4	5	4	5
Child and Adolescents Mental Health Services												
Emergency Services (hospital based)	4	4	4	4	4	4	4	4	4	4	4	4
Mental health inpatient services	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Adult Mental Health Services												
Emergency Services (hospital based)	5	5	5	4	5	5	4	5	5	4	5	5
Mental health inpatient services	5	5	5	4	5	5	4	5	5	4	5	5
Older Persons Mental Health Services												
Emergency Services (hospital based)	5	5	5	4	5	5	4	5	5	4	5	5
Mental health inpatient services	5	5	5	4	5	5	4	5	5	4	5	5
Disaster Preparedness & Response Services												
Disaster Preparedness	4	5	5	4	5	5	4	4/5	5	5	4	5
Clinical Support Services												
Pathology	4	4	4	4	4	4	4	4	4	4	4	4
Radiology	5	5	5	4/5	4/5	4/5	4/5	5	5	5	5	5
Pharmacy	4	4	4	4	4	4	4	4	4	4	4	4
ICU/HDU	4	4	4	4	4	4	4	4	4	4	4	5
Paediatric ICU	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
CCU	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Anaesthetics	4	4	4	4	4	4	4	4	4	4	4/5	4/5
Operating theatres	4	4	4	4	4	4	4	4	4	4	4/5	4/5
Training and research	5	5	5	5	5	5	5	5	5	5	5	5
BED NUMBERS												
Multiday	89	104	104	29	49	49	42	47	56	85	83	105
Sameday	18	18	25	6	6	7	16	16	16	30	35	8
Mental Health	9	9	11	0	14	17	0	0	0	9	16	33
Residential Aged Care	0	0	0	0	0	0	0	0	0	0	0	0
Total beds on site	116	131	140	35	69	73	58	63	72	124	134	146
Contracted beds	0	0	0	10	10	14	0	0	0	0	0	14
Total	116	131	140	45	79	87	58	63	72	124	134	160

NB: Multiday includes medical/surgical, palliative, obstetrics, neonates, paediatrics, rehabilitation and non-APU mental health
Sameday includes medical/surgical, renal dialysis and chemotherapy

Mental Health includes only APU beds
Pt Hedland excludes 56 Aged Care beds

2020/2021 bed numbers assume additional built capacity by 2020/2021. The exact timing of these developments will be outlined in Health's updated 10 year capital plan to be released in 2010.

WACHS HOSPITAL SERVICES FRAMEWORK – INTEGRATED DISTRICT HEALTH SERVICES (cont.)

	Goldfields			Kimberley						Pilbara						Great Southern			Midwest			South West									Wheatbelt														
	Esperance			Derby			Kununurra			Newman			Nickol Bay			Katanning			Carnarvon			Busselton			Margaret River			Collie			Warren			Northam			Merredin			Narrogin*			Moora		
	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21			
Disaster Preparedness & Response Services																																													
Disaster Preparedness	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4	3	4	4
Clinical Support Services																																													
Pathology	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Radiology	3/4	3	3	4	4	4	4	4	4	3	3	3	4	4	4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	4	4	4	3	3	3	4	4	4	3	3	3
Pharmacy	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
ICU/HDU	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Paediatric ICU	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
CCU	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Anaesthetics	3	3	3	3/4	3/4	3/4	3/4	3/4	3/4	3	3	3	3/4	3/4	3/4	3	3	3	3/4	3/4	3/4	3/4	3/4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3/4	3/4	3/4	3	3	3
Operating theatres	3	3	3	3	3	3	3	3	3	3	3	3	3/4	3/4	3/4	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3/4	3/4	3/4	3	3	3
Training and research	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	3	3	3	3	3	3	3	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
BED NUMBERS																																													
Multiday	39	39	39	43	43	48	32	32	36	12	12	12	32	32	32	29	29	29	16	16	17	45	58	64	20	20	21	36	36	36	30	30	30	35	35	35	30	30	30	37	37	37	12	12	12
Sameday	0	0	0	0	0	0	0	0	0	0	0	0	8	8	8	0	0	0	10	10	10	14	18	18	4	4	4	0	0	0	0	0	0	13	13	13	0	0	0	14	14	14	3	3	3
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Aged Care	0	0	0	0	0	0	10	10	10	0	0	0	0	0	0	19	19	19	15	15	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	8	8
Total beds on site	39	39	39	43	43	48	42	42	46	12	12	12	40	40	40	48	48	48	41	41	42	59	76	82	24	24	25	36	36	36	30	30	30	48	48	48	30	30	30	51	51	51	23	23	23
Contracted beds	0	0	0	4	10	10	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	39	39	39	47	53	58	42	46	50	12	12	12	40	40	40	48	48	48	41	41	42	59	76	82	24	24	25	36	36	36	30	30	30	48	48	48	30	30	30	51	51	51	23	23	23

NB: Multiday includes medical/surgical, palliative, obstetrics, neonates, paediatrics, rehabilitation and non-APU mental health

Sameday includes medical/surgical, renal dialysis and chemotherapy

Mental Health includes only APU beds

WA NON HOSPITAL SERVICES FRAMEWORK

	South Metropolitan									North Metropolitan									WACHS												Statewide																													
	Armadale			Bentley			Fremantle			Peel			Rockingham – Kwinana			Inner City			Joondalup – Wanneroo			City and Lower West			Stirling – Osborne Park			Swan and Hills			Inner City			Goldfields			Kimberley			Pilbara			Great Southern			Midwest			Southwest			Wheatbelt								
	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21	2007/08	2014/15	2020/21												
Sexual Health Medicine	-	4	4	-	-	2	6	6	6	2	3	3	2	4	4	6	6	6	-	4	4	5*	5*	5*	-	-	-	-	3	3	n/a	n/a	n/a	2	4	4	2	3	3	2	4	4	1	3	3	2	3	3	1	3	3	1	3	3						
After Hours GP	3	3	3	3	3	3	3	3	3	nil	nil	nil	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	n/a	n/a	n/a	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil									
Public Health Services																																																												
Environmental Health	1	1	1	1	1	1	5	5	5	1	1	1	1	1	1	n/a	n/a	n/a	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	6	6	6									
Communicable Disease Control	1	3	3	1	1	1	4	4	4	1	1	1	1	3	3	n/a	n/a	n/a	1	1	1	5	5	5	1	1	1	1	1	1	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6						
Child and Community Health	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	n/a	n/a	n/a	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6						
Aboriginal Health	2	3	3	2	3	3	2	3	3	2	2	2	2	3	3	n/a	n/a	n/a	2	3	3	2	2	2	2	2	2	2	2	2	2	2	2	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	6	6	6						
Health Promotion	5	5	5	4	4	4	5	5	5	4	4	4	4	4	4	n/a	n/a	n/a	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	6	6	6			
Breastscreen	2	2	2	3	3	3	3	3	3	2	2	2	3	3	3	5	5	5	3	3	3	5	5	5	3	3	3	3	3	3	3	3	v	n/a	n/a	n/a	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	5	2	2	2	2	6	6	6
Cervical	3	3	3	3	3	3	5	5	5	3	3	3	3	3	3	n/a	n/a	n/a	3	3	3	5	5	5	3	3	3	3	3	3	6	6	6	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	6	6	6			
Genomics	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	n/a	n/a	n/a	3	3	3	6	6	6	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	6	6	6			
Migrant Health																															5	5	5																											
Drug & Alcohol Services – Prevention Services	4/5	4/5	4/5	4	4	4	4/5	4/5	4/5	4	4	4	4	4	4				3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	5	5	5	3/4	3/4	3/4	3/4	3/4	3/4	3	3	3	3/4	3/4	3/4	3	3	3	3	3	3	6	6	6			
Drug & Alcohol Services – Treatment Services	4	4	4	4	4	4	5	5	5	4	4	4	4	4	4				4	4	4	5	5	5	4	4	4	4	4	4	5	5	5	3	3	3	3	3	3	3	3	3	3	3	3	3/4	3/4	3/4	3	3	3	3	3	3	6	6	6			
Primary Care Services																																																												
GP based community nursing	4	4	5	4	4	5	4	6	6	3	3	3	4	5	5	n/a	n/a	n/a	4	5	5	5	5	6	4	5	5	4	5	5				4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4									
Community Midwifery							5	5	5				-	5	5				nil	5	5	-	5	5				-	5	5																						6	6	6						
Ambulatory Care Services																																																												
Acute Substitution		4	4		3	3	5	4	4					4	4				3	4	4/5	4	5	6	3	4	4	3	4	4	n/a	n/a	n/a	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	5	2	2	2			
Hospital Avoidance	3	4	4		4	4	5	4	4				3	4	4				3	4/5	4/5	4	5	6	3	4	4	3	4/5	4/5	n/a	n/a	n/a	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	5	3	3	3						
Aged Care	3	4	4	4	4	4	5	4	4				3	3	3	3	4	4	4	4	4/5	6	6	6	4	5	5	4	5	5	n/a	n/a	n/a	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4
Outpatients	3	4	4	4	4	4	5	5	5				3	4	4	4	4	4	4	4	5	6	6	6	3	4	4	3	4	5	n/a	n/a	n/a	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4
School Dental Services	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	n/a*	n/a*	n/a*						
Adult Dental Services	3	2/3	2/3	3	3	3	3	3	3				2	2	2				3	3	3	2/3	2/3	2/3				2	2	2				2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2/3	2/3	2	2	2	n/a*	n/a*	n/a*				
Specialty Dental Services							6	6	6				5/6	5/6	5/6							4/6	4/6	4/6																												n/a*	n/a*	n/a*						
* State wide services are managed from the Como offices of Dental Health Services																																																												
Child and Adolescents Mental Health Services																																																												
Community mental health services	4	4	4	5	5	5	4	4	4				4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	n/a	n/a	n/a	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	4	4	4			
Adult Mental Health Services																																																												
Community mental health services	4	4	4	5	5	5	4	4	4				4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	n/a	n/a	n/a	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	4	4	4			
Older Persons Mental Health Services																																																												
Community mental health services	4	4	4	5	5	5	4	4	4				4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	n/a	n/a	n/a	2	3	4	2	3	4	2	3	4	4	4	4	4	4	4	4	4	4	2	4	5	2	3	4

NB: For completeness Child & Adolescent Health Services community services are captured as delivered under NMAHS, SMAHS & WACHS

7. THE WAY FORWARD

WA Health is committed to strong planning, focusing on integrated health services, delivering new models of care, a greater focus on community supported services and on safe and quality care closer to home. With finite resources, WA Health is working to manage demand and to reduce inefficiencies.

Many strategies have been successfully put in place to better manage the ever increasing demands on the health system. Ongoing service improvement programs and national reform initiatives will be rolled out in WA over the coming years to deliver better patient outcomes.

A number of significant health care plans and strategies are currently in development or in the early stages of implementation. Initiatives such as the WA Mental Health Strategic Plan 2010–2020 have been recognised in the preparation of CSF 2010 through consultation and dialogue related to assumptions, objectives and strategies.

NATIONAL INITIATIVES

Reform of Commonwealth/State Financial Arrangements

Western Australia and the other States and Territories have entered into a National Healthcare Agreement (NHCA) and National Partnership Agreements (NPAs) with the Commonwealth.

The NHCA succeeds the former Australian Health Care Agreement through which the Commonwealth contributed funding for public hospitals. In addition to funding for public hospitals, funding for population health and certain other programs has been integrated into NHCA.

The NHCA is expected to provide WA with an additional \$506 million over the period 2008/09 – 2012/13, compared to a continuation of the previous Australian Health Care Agreement. The NHCA came into effect on 1 July 2009.

The NPAs provide time-limited funding for agreed Commonwealth/state priorities to improve health services. The NPAs relate to the areas of Hospital and Health Workforce Reform, Preventive Health, and Indigenous Health. They involve significant financial commitments by both the Commonwealth and Western Australian Governments. Work is now progressing on implementing the NPAs. Western Australia has fulfilled all implementation commitments to date.

National Health and Hospitals Reform Commission

In July 2009, the National Health and Hospitals Reform Commission (NHHRC) released its final report 'A Healthier Future for all Australians', which focuses on developing a long term plan for reforming the health system. Without reform, the management of chronic diseases, costly new health technologies and the ageing of the population are highlighted as areas that are likely to impact greatly on health services.

The report recommends significant changes to Commonwealth/State health arrangements, including:

- the Commonwealth to assume full responsibility for primary, aged care and Indigenous health services
- the Commonwealth to pursue an activity-based funding approach in funding 100 per cent of the “efficient cost” of outpatient services and 40 per cent of the “efficient cost” of public inpatient services.

Following consultation by the Prime Minister and the Commonwealth Minister for Health and Ageing, a reform plan is to be developed and presented to COAG early in 2010.

National Primary Health Care Strategy

The Commonwealth Government worked to develop a National Primary Health Care Strategy, and released a draft strategy in August 2009. The strategy endeavours to provide a long term plan for the delivery of primary care services. Improving access, better management of chronic disease, a core systematic focus on prevention, and a strong framework for quality and safety are identified as key directions in the draft strategy.

National Preventative Health Taskforce and Strategy

A National Preventative Health Taskforce established by the Commonwealth Government delivered a National Preventative Health Strategy to the Commonwealth Minister for Health and Ageing on 30 June 2009. Following delivery of the Strategy, the Taskforce began developing a workplan, and has indicated an interest in undertaking work in three new areas: mental health, sexual and reproductive health; and injury prevention. Implementation of the Strategy and the future work of the Taskforce is the subject of further consultation by the Commonwealth and State Health Ministers.

STATE INITIATIVES

Mental Health

In September 2008 the State Government made a commitment to enhance the mental health and wellbeing of all Western Australians through the:

- appointment of WA's first Minister for Mental Health
- establishment of an independent Commissioner for Mental Health and Wellbeing
- development of a State Mental Health Policy and WA Mental Health Strategic Plan 2010-2020 to reform the mental health sector.

The Strategic Plan, which is due for release in early 2010, will provide a framework and blueprint for the service elements required to deliver a contemporary mental health system. The current orientation of the system on treating mental illness will broaden to emphasise promoting mental wellbeing and preventing illness.

The Plan will apply best practice benchmarks to identify the required level and mix of inpatient and community services within a defined geographical catchment (known as a 'district' in the metropolitan area and a 'region' in the rural areas). These include:

- increasing hospital substitution interventions designed to provide better health care for people with a mental illness, mainly by improving their access to community-based services over the next 10 years
- improving the range of community services available at the district and regional level to enable individuals to remain in their local community and maintain their social, vocational, and family connections thus strengthening the capacity of community services to support people to live in their own home
- enhancing and expanding the role and number of community intervention teams that will provide prompt crisis/emergency assessment and treatment wherever an individual is living thus alleviating the demand on hospital emergency departments and inpatient beds for those individuals who can be treated at home.

The Strategic Plan will outline the range of emergency services required for an optimum system of mental health care and will assist in decreasing unnecessary emergency department presentations and inpatient admissions. Models considered best practice include short stay mental health emergency units co-located with emergency departments, and assertive community intervention teams operating out of emergency departments.

Following the delivery of the WA Mental Health Strategic Plan 2010-2020 the blueprint for investment and reform in mental health will be built into WA Health's asset investment and resource allocation plans for clinical services over the next decade.

The delivery of improved community based, non-inpatient acute and community care is essential in any strategy aimed at controlling the increasing demand pressures on emergency departments and hospitals.

Four Hour Rule Program

The WA Four Hour Rule Program commenced in April 2009 to fundamentally change the way WA Health manages patients presenting for unplanned or emergency care. The aim of the Program is to improve the patient experience and quality of care provided to the patient by redesigning and streamlining processes for admission and discharge across the hospital. The overall target for the Program is to improve the quality of care provided to patients by ensuring that 98 per cent of patients arriving at EDs are seen and admitted, discharged or transferred within a four-hour timeframe.

Each hospital will have two years to identify issues, redesign processes and implement improvements in order to reach the 98 percent target by mid-2012.

The rollout of the Program throughout WA Health hospitals is occurring in a series of stages, with Stage 1 for tertiary sites commencing in April 2009. Stage 2, for general hospitals with emergency departments, commences in October 2009 and Stage 3, for country Regional Resource Centre hospitals and King Edward Memorial Hospital, commences in April 2010. Graylands Selby-Lemnos and Special Care Health Service will also investigate service provision and commence redesign efforts during the life of the Program.

Friend in Need – Emergency (FINE) Scheme

The State Government has committed \$84 million to the FINE scheme, which will support WA Health's program of developing and enhancing the capacity of non-in-patient acute and complex care in the community. The FINE scheme will align with and complement the work of existing hospital outreach programs including Hospital in the Home (HITH), Rehabilitation in the Home (RITH) and the Residential Care Line (RCL).

The aim of the FINE scheme is to deliver care and support to people in need enabling them to remain in their own home, hostel or nursing home, rather than present to an emergency department or be admitted into hospital. The target group is not limited by an age criteria.

The FINE scheme will also support:

- informal carers and family who are recognised as partners in care
- GPs, whose engagement and involvement will be pivotal to the success of the scheme.

WA Health's work to increase the capacity of non-inpatient and community care aligns with and augments the major changes occurring as a result of the Four Hour Rule Program.

Demand Management

Inpatient Demand

Work on managing demand for hospital inpatient services remains a priority for WA Health. Analysis of admitted patient information indicates that there are around 20 Extended Service Related Groups (ESRG) – disease or condition groupings – that have the potential to produce 80 per cent of achievable total bedday savings.

Focusing particularly on the 20 ESRGs, admission rates and beddays can be reduced by initiatives such as:

- refining and expanding early discharge initiatives and day hospital programs
- increasing the use of community supported services such as post acute care programs, Hospital in the Home (HITH) and Rehabilitation in the Home (RITH)
- moving the care of patients from inpatient beds to outpatient clinics as clinically appropriate.

The extension of the general hospital model and increasing the use of hospital bed substitution and length of stay reduction initiatives will further enhance the efficiency and cost effectiveness of hospital inpatient service delivery.

The achievement of these savings will be monitored on a quarterly basis through the WA Health Operational Plan.

Emergency Department Demand

Demand for ED services continues to trend upwards, fuelled by ambient economic conditions and the shortage of alternative services. To manage ED demand a number of strategies have been designed within the two broad categories of patient flow and the provision of alternate places for care.

Patient Flow initiatives will have the following objectives:

- Reduced demand on the ED for mental health consumers will be achieved by redefining patient flows and pathways with a particular emphasis on:
 - ED attendances by clients with chronic mental health conditions
 - inter-hospital transfers (including mental health rural patients)
 - high prevalence mental health conditions.
- Demand for EDs to provide general health services will be reduced by:
 - direct admissions for chronic disease type patients and known surgical patients from the community through liaison with GPs
 - better management of nursing home patients in place of residence
 - streamlining admission process for inter-hospital transfers
 - redefining pathways for admission direct from outpatient departments to bypass ED where appropriate
 - diverting and directing less and non urgent patients to the Alternate Places for Care programs.

The Alternate Places for Care program will establish alternate services and facilities, enabling lower acuity patients to access urgent primary care either co-located at a hospital or with other community based care.

JOINT NATIONAL AND STATE INITIATIVES

WA Subacute Care Plan 2009–2013

As part of a \$48.6million National Health Partnership Agreement signed in December 2008, WA has committed to a 20 per cent increase in subacute care services from 2009–2013. While the overall aim of the agreement is to improve delivery of subacute care services, a key strategic direction of the plan is to encourage a shift in these services from the inpatient setting to the community. Specifically, the plan will provide increased services in the community setting, move services to general hospital sites closer to where people live and assist hospitals to be more efficient and sustainable.

Growth in subacute care services will occur across the State, with a focus on geographical areas where services are minimal or undeveloped. The subacute services, as determined by the Commonwealth Government within the plan, are:

- rehabilitation
- geriatric evaluation and management
- psychogeriatric care
- palliative care.

GP Super Clinics

The GP Super Clinic Program in WA is a collaborative project of the Commonwealth and Western Australian Governments. The clinics will be privately run and the program aims to improve coordination between GPs, public hospital and community services including allied health services and Commonwealth health services.

The range of services available at these super clinics will be based on local community needs and priorities – ensuring existing health services are complemented and enhanced. The NMAHS: GP Super Clinics: Service Delivery Strategy identifies the priorities and provides a framework for managing community expectations. The priorities include the Commonwealth program objectives:

- early identification of risk factors affecting the immediate and long-term health of an individual
- linking acute and primary health care providers in order to ensure greater balance in the health system and the services provided to individuals
- providing health promotion and illness prevention strategies in the local community.

The Super Clinics provide an opportunity for service development and care delivery. A collaborative approach between NMAHS and the providers will focus on avoiding duplication and providing integrated services.

The GP Super Clinics will:

- provide the infrastructure to allow GPs and other health professionals to work together in the one space
- provide a greater focus on prevention and management of chronic disease, easing the pressure off hospitals
- provide modern training facilities for medical students and trainees
- make healthcare more convenient, by providing local health services together in the one location, with extended hours of operation.

Commonwealth/State Elective Surgery Programs

The Commonwealth/State Elective Surgery Programs comprise several initiatives funded independently by the Commonwealth and the WA Governments.

The WA Government's \$30 million Elective Surgery Election Commitment will fund approximately 5,850 additional elective surgery cases (above the 2007 base year) to be completed in the period from 1 January 2009 to 30 June 2010. This program is currently above target on a year-to-date basis.

The Commonwealth Elective Surgery Program Stage 1 (Blitz) was completed on 31 December 2008. WA received \$15.4 million to conduct an additional 2,720 cases above the 2007 base year. WA Health actually completed 3,727 cases, being 1,007 cases or 37 per cent above target.

The Commonwealth Elective Surgery Program Stage 2 (Capital) has provided WA Health with \$13.3 million in capital funds to undertake systemic improvement projects to improve elective surgery capacity in WA public hospitals. Five projects will receive funding.

The Commonwealth Elective Surgery Program Stage 3 (incentive payments) will provide WA with a maximum of \$29 million spread over the 2009/10 and 2010/11 financial years. This program requires WA to meet elective surgery throughput targets as well as waiting time reduction targets in order to receive incentive payments. The minimum funding WA can receive is \$4 million in 2009/10 and \$2 million in 2010/11 upon signing of the agreement. At the time of publication of the CSF 2010, WA has been informed of the proposed model but has not been presented with a formal agreement.

Indigenous Health Partnership Agreement

The Commonwealth and Western Australian Governments have signed two National Partnership Agreements that directly impact on Indigenous Health Outcomes. These are *Closing the Gap in Indigenous Health Outcomes* and *Indigenous Early Childhood Development*. These involve significantly increased expenditure over the four years to 2013/14. Improvements will be pursued in the following priority areas:

- reduction in the prevalence of smoking
- access to primary health care services that can deliver
- fixing the gaps and improving the patient journey
- healthy transition to adulthood
- making Indigenous health everyone's business
- improving antenatal, pre-pregnancy and sexual/reproductive health for Aboriginal women, specifically targeting teenagers
- increasing access to parent/child health services.

WA Health has an implementation plan for the Agreement. This plan will guide the development of detailed project plans and strategies and will set out costs, performance measures, evaluation methodologies and risk assessments. The detailed project plans will be prepared in close consultation and collaboration with Aboriginal communities and agencies to ensure that they satisfactorily address identified community need.

PUBLIC PRIVATE PARTNERSHIPS (PPP)

There is an emerging requirement for WA Health to explore further partnership opportunities with the private sector in resourcing its program of reform and development. The State has substantial experience of delivery in this space and is recognised locally and elsewhere for successful public private joint ventures.

The PPP initiatives could relate to a single aspect or combination of aspects in the areas of asset investment or service operation. Any strategies considered under this umbrella will be articulated in the context of State Government policy and WA Health's overall governance and management approach.

APPENDICES

Appendix 1. Role Delineation

In CSF 2005, the planning process for hospitals and non-hospital services was based on the NSW Health Guide to Role Delineation of Health Services. The intent of the role delineation matrix within CSF 2010 is to guide service planning across the health service continuum. It is a high-level planning tool that ultimately outlines what WA Health aims to achieve over the short, medium and long term.

The role delineation process starts with the identification of specialty groups which are classified as hospital or non-hospital services. Each specialty group is defined in terms of the actual clinical treatment or service provided, the complement of staff required to provide the treatment or service and often, the type of facilities, tools and/or equipment that are needed.

The definitions describe the range of service complexity covered for each specialty group, classifying these as levels 1 through 6. Level 1 services are the least complex and level 6 services are the most complex. However many specialty groups do not include all of the six levels. This standardised set of definitions allows for the categorisation of specialty groups across different sites.

After definitions were completed, the Role Delineation Matrix was constructed. This Matrix shows the most complex level of a specialty that is available at each facility or region in WA. Not all facilities have all specialty groups and certain specialty groups are only available in some facilities. For example, our high level tertiary hospitals will be the only sites to deliver level 6 cardiothoracic surgery, reflecting the highly specialised nature of this type of care.

The CSF 2010 does not attempt to describe all the specialty groups which are provided by health care facilities, but confines itself to those which are widely considered to be the core services.

It must be noted that the definitions matrix includes only brief descriptions of the capabilities and requirements of the specialty groups. Therefore, role delineation definitions should be interpreted with some degree of flexibility, combined with consideration for the functional level of service delivery. Alternatively, at some sites, a service may not satisfy all the stated criteria to achieve a particular level, but may exceed the criteria required for the lower level. These sites are assigned a combination of levels as indicated in the role delineation matrix.

Role delineation does not document the patient journey and the many different pathways that a patient may take to receive the best possible care. Instead the role delineation process defines various services and the level at which these are to be provided at different sites.

In summary, role delineation provides a consistent language to describe health services and acts as a tool for planning service developments.

Appendix 2. Service Definitions

Hospital Services Definitions

MEDICAL		SURGICAL			
Generalist	Type I Subspecialties	Type II Subspecialties	Generalist	Type I Subspecialties	Type II Subspecialties
<ul style="list-style-type: none"> • Physician 	<ul style="list-style-type: none"> • Cardiology • Dermatology • Endocrinology • Gastroenterology • Geriatric medicine • Neurology • Renal Medicine • Rheumatology • Venerology • Paediatrics • Respiratory Medicine 	<ul style="list-style-type: none"> • Clinical Haematology • Clinical Microbiology • Immunology • Medical Oncology • Palliative Care • Radiotherapeutic Oncology • Genetics • Clinical Infectious Diseases 	<ul style="list-style-type: none"> • General Surgeon 	<ul style="list-style-type: none"> • Ear, Nose and Throat • Obstetrics and Gynaecology • Ophthalmology • Orthopaedics • Urology 	<ul style="list-style-type: none"> • Cardiothoracic • Neurosurgery • Plastic surgery • Transplant Surgery • Vascular Surgery • Burns

		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services							
General		<ul style="list-style-type: none"> • Outpatient care • 24/7 on call by GP/MMP • 24 hour cover by RN 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> • GP inpatient care • Outpatient care by visiting general physician/general internal medicine specialist and maybe some Type 1 specialists, including by e-health, Telehealth and metropolitan linkages • Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident general physician and GPs • Outpatient consultation by visiting Type 1 sub-specialists • Specialist RN • Phone advice and consultation provided to smaller sites including via telehealth /e-health. • Access to designated allied health services • Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident general physician and GPs and some/all Type 1 sub-specialists • Visiting Type II sub-specialists • Registrar/RMO/Intern • CCU/HDU • Regional referral role • Some undergraduate teaching • Emergency services available by on-call specialist. • Specialist consultation or diagnosis provided by telehealth /e-health to rural and other smaller sites and services. • Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Full range of medical sub-specialists Type I and II and emergency medical services • Statewide referral role in certain subspecialties • Undergraduate and postgraduate teaching role 	
Cardiology		<ul style="list-style-type: none"> • GP inpatient care • 24 hour cover by RN • Outpatient care by visiting general physician and cardiologist visiting or by telehealth • Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident general physician • Outpatient consultation by visiting cardiologist • Specialist RN • Access to designated allied health services • Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident cardiologist • Registrar/RMO/Intern • CCU/HDU • Regional referral role • Access specialist SRN • Some undergraduate teaching and possibly some research role • Links with level 5 rehabilitation service • Emergency services available by on-call cardiologists • Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Full range cardiac services including cardiac sub-specialties and emergency services • Includes Cath Labs • Statewide referral role • Undergraduate and postgraduate teaching role • Research role 		

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Endocrinology			<ul style="list-style-type: none"> • GP inpatient care • 24 hour cover by RN • Outpatient care by visiting general physician or telehealth • Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident general physician • Outpatient consultation by visiting endocrinologist • Diabetes education service and integrated hospital/community diabetes management service • Specialist RN • Access to designated allied health services • Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident endocrinologist • Registrar/RMO • Regional referral role • Access to specialist SRN • Diabetes education service and integrated hospital/community diabetes management service • Some undergraduate teaching and possibly research role • Links to level 5 rehabilitation service • Emergency care available from on-call specialist • Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Full range of endocrinology services, with endocrinology department and emergency care • Statewide referral role • Undergraduate and postgraduate teaching role • Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Geriatric		<ul style="list-style-type: none"> Phone advice and support by regional Aged Care Program 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care GP and access to geriatrician visiting or telehealth 24 hour cover by RN Respite care and limited rehabilitation services Regular visiting Aged Care Assessment Program service supported by limited local allied health Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Access to consultant physician specialising in geriatric medicine Active assessment and rehabilitation services for inpatients and outpatients Most disciplines available for Aged Care Assessment Program Home base for Aged Care Assessment Program team with regional/district responsibilities – part time geriatrician Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident specialist Registrar/RMO Link with inpatient rehabilitation unit Access to specialist SRN Some undergraduate teaching Links with geriatric psychiatry services Have a day hospital with various clinics including memory, falls, continence clinics A GEM unit if ED services co-located Part time services of Geriatrician Co-located with psychogeriatric services Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Resident geriatrician Undergraduate and postgraduate teaching role Research role Statewide referral role
Neurology		<ul style="list-style-type: none"> GP Inpatient Care 24 hour cover by RN Outpatient care by visiting general physician and possibly neurologist or by telehealth Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident general physician Outpatient consultation by visiting neurologist Links with at least level 4 geriatric and rehabilitation services Specialist RN Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident neurologist Registrar/RMO Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role Neurosurgery support, EMG, nerve conduction, evoked responses and EEG on site Emergency services provided by on-call neurologist Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of neurology services, with neurology department and emergency care Statewide referral role Undergraduate and postgraduate teaching role Access to CT and MRI and possibly PET Research role 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Renal – general			<ul style="list-style-type: none"> GP inpatient care Access to general physician or renal specialist visiting or by telehealth 24 hour cover by RN Outpatient care by visiting general physician and possibly renal specialist May accommodate self care dialysis inpatients Access to some allied health services 	<ul style="list-style-type: none"> Inpatient care by resident general physician Outpatient consultation by visiting renal specialist Self care dialysis unit with links to larger renal unit Specialist RN Access to designated allied health services Some allied health undergraduate education 	<ul style="list-style-type: none"> Inpatient care by resident renal specialists Registrar/RMO Emergency services provided by on-call specialist Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role All types of dialysis available and renal biopsies performed Provides a full range of dialysis access surgery Access to specialised allied health services 	<ul style="list-style-type: none"> As for level 5 plus: Full range of renal services, with renal department and emergency care services Renal transplantation available Coordinated by full time renal unit manager Statewide referral role and statewide geographical area based service delivery role Undergraduate and postgraduate teaching role Research role
Renal – dialysis	<ul style="list-style-type: none"> Community may support self care dialysis inpatients (if adequate water supply) 	<ul style="list-style-type: none"> As for level 1 plus: Services offered by a general health service/ clinic Care under supervision of GP with or without RN Self-caring stable patients Outreach support for home dialysis, possibly under remote direction from a Level 5 or Level 6 dialysis facility May accommodate self care dialysis inpatients within the facility. 	<ul style="list-style-type: none"> As for level 2 plus: Community-based satellite service Predominately self-caring stable patients Specialist RN Visiting specialist for more complicated cases Some assessment services Access to some allied health services 	<ul style="list-style-type: none"> As for level 3 plus: General hospital-based satellite service Visiting specialist or general physician with nephrology skills More complicated cases Assessment services Specialist RN Access to designated allied health services Some allied health undergraduate education 	<ul style="list-style-type: none"> As for level 4 plus: Resident specialist Access to specialist SRN More complicated cases Assessment services Regional referral role Access to specialised allied health services 	<ul style="list-style-type: none"> As for level 5 plus: More complicated cases Provides acute dialysis when necessary Undergraduate and postgraduate teaching role Statewide centre of excellence and referral role Access to on-site allied health support (e.g. Dietitians and Social Workers) Complicated assessment and treatment of unstable co-morbidities

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Oncology		<ul style="list-style-type: none"> Specialist RN in region (Cancer Nurse Coordinator/Breast Care Nurse) who links with relevant tumour specific CNC and treating facility for care coordination No treatment facilities. 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> GP inpatient care 24 hour cover by RN Low risk chemotherapy for the 4 most common cancers and palliative patients Outpatient care by resident general physician and visiting medical oncologist with support via telehealth Multidisciplinary case conferencing with tumour specific specialist for all patients Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident general physician Chemotherapy shared care with the tertiary facilities for common cancers with more complex needs Outpatient consultation by visiting medical oncologist on regular basis with tertiary facility support for complications Links with radiotherapy, palliative care and pain management services Specialist RN Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident oncologist Registrar/RMO Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role Multidisciplinary management of patients including case conferences. Links with palliative care services and may have pain management clinic Emergency care available Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of oncology services, with oncology department and emergency services (NB: radiation oncology defined separately) Medical registrar on site 24 hrs Statewide referral role Statewide mentoring and specialist leadership role Undergraduate and postgraduate teaching role Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Radiation Oncology				<ul style="list-style-type: none"> • Visiting radiation oncologist working in conjunction with comprehensive cancer service • No treatment facilities 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Basic radiation oncology service with minimum equipment - possibly only one machine • Has access to radiation oncologists, physicists and radiation therapists • Access to specialist SRN • Links to level 5 palliative care service • Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Full range of radiation oncology services, located in principle referral centre with access to all subspecialties • Statewide referral role • Statewide mentoring and specialist leadership role • Undergraduate and postgraduate teaching role • Research role • Fully integrated computerised planning, treatment and verification systems • Mechanical and biomedical support facilities

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Respiratory			<ul style="list-style-type: none"> • GP inpatient care • 24 hour cover by RN • Outpatient care by visiting general physician and possibly respiratory specialist or by telehealth • Access to spirometry. If visiting Respiratory Specialist, need visiting Basic Lung Function Laboratory • Electronic access to Specialist SRN Network • Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident physician • Outpatient consultation by visiting respiratory specialist • Specialist SRN • Access to Basic Lung Function Laboratory (Spirometry, volumes and gas transfer) • Access to Respiratory Specialist for in-patient consultation • Link with Sleep Service • Access to designated allied health services • Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident respiratory specialist • Registrar/RMO • Regional referral role • On site specialist SRN • Significant undergraduate teaching • Provision of Lung Function Laboratory • Provision of Non Invasive Ventilation • Provision of Bronchoscopy suite • Respiratory Ward, with Non-invasive Ventilatory (NIV) capability • Access to level 5 cardiology and cardiothoracic surgery • Emergency care provided by on-call specialist • Strongly linked with Sleep Service • Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Full range of respiratory services, with respiratory department and emergency care • Statewide referral role • Undergraduate and postgraduate teaching role • Research role • Has a respiratory function laboratory • Provision of complete diagnostic services including Bronchoscopy suite • Specialised Respiratory Ward, with NIV capability • Intimately linked to Sleep Service

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Palliative Care			<ul style="list-style-type: none"> Inpatient care by accredited GP 24 hour cover clinical nurse with experience in palliative care services Outpatient care by visiting general physician and possibly palliative care specialist or by telehealth Access to some allied health services Consult liaison services for inpatients 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Palliative care patients managed by GP and medical practitioner specialising in palliative care Access to specialist SRN Linkage to community based palliative care Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident palliative care physician Registrar/RMO Regional referral role Undergraduate teaching and some research role Integrated community consultative service under direction of palliative care physician Links with oncology, radiotherapy, anaesthetics, psychiatry, pain clinic and rehabilitation Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of palliative care services with palliative care specialist providing consultancy to other units referral hospitals Emergency services available Statewide referral role Undergraduate and postgraduate teaching role Has staff with conjoint appointments
Gastroenterology			<ul style="list-style-type: none"> GP inpatient care 24 hour cover by RN Outpatient care by visiting general physician and possibly gastroenterologist or by telehealth Possibly have fibre optic endoscopy by accredited medical practitioner Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident general physician Outpatient consultation by visiting gastroenterologist Regular endoscopy service including colonoscopy Specialist RN Gastroenterology services provided by integrated physician and surgical services Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident gastroenterologist Registrar/RMO Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role Full endoscopy service Emergency care available by on-call specialist Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of gastroenterology services, with gastroenterology department and emergency care Statewide referral role Undergraduate and postgraduate teaching role Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Haematology			<ul style="list-style-type: none"> • May include: • GP inpatient care • 24 hour cover by RN • visiting haematologist or by telehealth • Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • On call Haematologist • Some inpatient services • Visiting outpatient consultative, day treatment services • Integration of home based services with area based program • Access to designated allied health services • Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • General Medical Registrar on call 24 hrs. • Appointed Haematologist • May have teaching and research role • Access to specialised allied health services • May have cancer unit 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Medical Registrar on site 24 hrs • Has Haematology Dept • Haematologist on call 24 hrs • Haematology Registrar on call 24 hrs • Has teaching and research role. • May provide cell separation/plasmapheresis • May perform bone marrow transplantation • Full range of services and inpatient, outpatient and ambulatory management • Comprehensive cancer centre • Inpatient care delivered by a multi disciplinary team • Most acute care services must be available 24/7 • Links with a number of other consultation services including immunology, infectious diseases, pain services, palliative care, psychiatry services, radiotherapy, radiology, renal physicians, respiratory physicians, surgical services.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Immunology			<ul style="list-style-type: none"> • GP inpatient care • 24 hour cover by RN • Outpatient care of patients with HIV infection by visiting Clinical Immunologist in a small number of Centres or by telehealth • Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by resident general physician • Outpatient consultation by visiting Clinical Immunologist • Specialist RN • Access to designated allied health services • Some allied health undergraduate education • Phone advice and consultation provided to smaller sites including via telehealth /e-health. 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by a Medical Specialties RMO • Registrar/RMO • Regional referral role • Access to specialist SRN • Some undergraduate teaching and research • Full service for the assessment and treatment of patients with allergy disorders (eg. skin testing, drug challenges, immunotherapy), acquired and primary immunodeficiency disorders (eg. antiretroviral and IVIg therapies) and autoimmune disease (eg. immunosuppressant and immunomodulatory therapies) • Access to specialised allied health services • Specialist consultation or diagnosis provided by telehealth /e-health to rural and other smaller sites and services. 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Full range of Clinical Immunology services with Immunology Department and 24 hour clinical and laboratory on-call • Statewide referral role • Undergraduate and postgraduate teaching and training role • Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Infectious Diseases				<ul style="list-style-type: none"> • Ambulatory and inpatient consulting services may be provided by generalist with training in infectious diseases • Facilities include isolation rooms with internal wash basins and toilets, as well as staff wash basins immediately outside the room. • An area with separate air conditioning available • Delivery and administration of HITH to patients requiring intravenous antibiotic therapy • Infection Control leadership responsibilities – supervises on-site CNM • Phone advice and consultation provided to smaller sites including via telehealth /e-health. 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Medical Registrar on call 24 hrs • Dedicated ID & HITH registrar +/-RMO (basic or advanced trainee(s)) • Appointed specialist with direct links to tertiary/quaternary level Infectious diseases service • May have teaching and research role • Link with sexual health services, viral hepatitis and HIV services and microbiology dept • Specialist consultation or diagnosis provided by telehealth /e-health to rural and other smaller sites and services. 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Medical Registrar on site 24 hrs • Has specialist Infectious Diseases Physicians and advanced trainee Infectious Diseases Registrar(s) and fellow(s). • Infectious Diseases CNCs with responsibilities in Sexual Health, viral hepatitis, HIV, clinical trials and Infection Control • Designated inpatient area for management of infectious and communicable diseases. • Facilities to treat all quarantinable diseases (single site only – SCGH) • Major teaching and research role • Has statewide role.

Surgical Services		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
General		<ul style="list-style-type: none"> Minor outpatient and same day procedures only by GP or visiting general surgeon Inpatient care following surgery elsewhere Resident service with a nursing post or clinic (public or NGO) Outpatient care Visiting GP 24 hour cover by RN 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Day surgery type cases, uncomplicated elective surgery and emergency surgery GP and visiting general surgical specialist Visiting anaesthetist with visiting surgeon Theatre trained RN Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Surgery by GPs, general surgeons and visiting Type I sub-specialists Broad range of day and general surgery and some speciality surgery Theatre trained nurses More than 1 theatre May include high-dependency nursing unit Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> General surgeons Some/all Type I sub-specialists May have visiting Type II sub-specialists Registrar/RMO ICU May have some teaching and research role Undertakes most emergency surgery Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of surgical sub-specialists Type I and II Statewide referral role Undergraduate and post graduate teaching role Research role Undertakes emergency surgery May include kidney and liver transplantation in selected sites 	
ENT			<ul style="list-style-type: none"> Day surgery type cases, for uncomplicated elective surgery Some sites have visiting ENT surgeon and anaesthetist Access to ENT specialist outpatients. May offer paediatric ENT if specialist paediatric anaesthetist. 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Common and intermediate surgery done on low or moderate risk patients by visiting ENT surgeon No neuro-optic or intracranial surgery Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic services and surgery on low, moderate and high risk patients by on-call ENT surgeon Access to specialist SRN Regional referral role May have some teaching and research role Links with oncology, radiotherapy and palliative care services Limited neuro-optic surgery Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases in association with other specialists including neuro-optic and intracranial procedures, as long as level 6 neurosurgery available on site Emergency services available Statewide referral role Undergraduate and post graduate teaching role Research role ENT registrar/RMO 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Gynaecology			<ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients by credentialed GP or visiting surgeon Access to gynaecologist visiting or by telehealth Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Common, intermediate and some major procedures on low and moderate risk patients performed by visiting gynaecologists Links with oncology, radiotherapy and palliative care services Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic services and surgery on low, moderate and high risk patients by on-call gynaecologists Access to specialist SRN May have gynaecology registrar/RMO Regional referral role May have some teaching and research role Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases in association with other specialists including reproductive endocrinology, infertility, gynaecological malignancy Full emergency services Statewide referral role Undergraduate and post graduate teaching role Research role Gynaecology registrar/RMO and possibly registrars in subspecialties

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Ophthalmology			<ul style="list-style-type: none"> Minor procedures and diagnosis on low-risk patients by visiting ophthalmic surgeon 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Procedures on low or moderate risk patients performed by visiting ophthalmic surgeon Access to orthoptists 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic services and surgery on low, moderate and high risk patients by on-call ophthalmic surgeon Orthoptists on staff May have teaching and research role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases in association with other specialists Full emergency services Ophthalmology registrar/RMO Access to specialist SRN Able to undertake neuro-ophthalmology where level 6 neurosurgery available on site Access to level 5 radiotherapy Statewide referral role Undergraduate and post graduate teaching role Research role
Orthopaedics		<ul style="list-style-type: none"> Minor reduction of fractures performed on low-risk patients by GP or visiting general surgeon with experience in orthopedics Orthopaedic consultation available 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients performed by visiting orthopaedic or general surgeon credentialed in orthopaedics General orthopaedic equipment and theatre x-ray available Preferably access to specialist SRN Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients performed by on-call orthopaedic surgeon Access to level 4 rehabilitation service Access to specialist SRN Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Full range of major diagnostic and procedures on low, moderate and high risk patients performed by on-call orthopaedic surgeons May provide regional services May have teaching and research role Orthopaedic registrar on-call Access to subspecialties Link to level 5 rehabilitation service Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases (and all emergency) in association with other specialists Statewide referral role Undergraduate and post graduate teaching role Research role Link to level 6 rehabilitation role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Urology			<ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients performed by visiting urologist or general surgeon credentialed in urology Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Some major procedures on low or moderate risk patients performed by visiting urologist Has links with oncology, radiotherapy and palliative care services Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Full range of major diagnostic and procedures on low, moderate and high risk patients performed by on-call urologist Access to specialist SRN May provide regional services and teaching and research role Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases (and all emergency) in association with other specialists Urology Registrar/RMO Statewide referral role Undergraduate and post graduate teaching role Research role
Cardiothoracic				<ul style="list-style-type: none"> Elective and emergency thoracic procedures by visiting/on-call thoracic surgeons Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Elective and emergency thoracic and elective cardiothoracic procedures by visiting/on-call cardiothoracic surgeons Level 5 rehabilitation services available on site Link with palliative care and pain management services Access to specialist SRN Some regional referral role ICU/CCU Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Elective and emergency thoracic and cardiothoracic procedures by cardiothoracic surgeons Able to deal with highly complex diagnosis and treatment in association with other specialities Cardiothoracic registrar/RMO Statewide referral role Undergraduate and post graduate teaching role Research role Level 6 ICU To include heart and lung transplantation at selected sites

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Vascular surgery				<ul style="list-style-type: none"> Common, intermediate and some major procedures on low and moderate risk patients performed by visiting vascular surgeons or general surgeons Pre-operative rehabilitation specialist consultant available Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic services and surgery on low, moderate and high risk patients by on-call vascular or general surgeon May have regional referral May have some teaching and training and research role Link with level 5 rehabilitation services Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases in association with other specialists Provides all emergency services On-call vascular surgeon Access to specialist SRN Statewide referral role Undergraduate and post graduate teaching role Research role
Neurosurgery			<ul style="list-style-type: none"> Minor head injuries dealt with by general surgeon Neurosurgical consultation available Operating equipment adequate for emergency neurosurgery Link with level 4 rehabilitation services Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic services and surgery on low, moderate and high risk patients by on-call neurosurgeon Designated neurosurgical beds Access to specialist SRN 24 hour access to CT Link with brain and spinal injury rehabilitation May have some teaching and research role Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Able to deal with all cases including all emergency cases Neurosurgical ward and neurosurgical high dependency/ICU Neurosurgery registrar/RMO Link with level 5 rehabilitation service Statewide referral role Undergraduate and post graduate teaching role Research role 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Plastics		<ul style="list-style-type: none"> Minor outpatients and same day procedures by GP 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> As for level 2 but procedures may require visiting plastics surgeon Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Selected minor procedures on low and moderate risk patients by visiting plastic surgeons Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic services and surgery on low, moderate and high risk patients by on-call plastic surgeons Link with level 5 rehabilitation services May have some teaching and training role Visiting burns L6 specialist Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Able to deal with all cases including all emergency cases Plastics registrar/RMO Access to specialist SRN Statewide referral role Undergraduate and post graduate teaching role May have research role
Burns		<ul style="list-style-type: none"> Minor outpatient and same day procedures only by GP Able to provide emergency stabilisation service for burns 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> General surgeon able to provide services for minor/moderate burns to small areas of body Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> General surgeon providing services for minor/moderate burns to small parts of body Access to specialist SRN Links to level 4 rehabilitation services Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> General surgeon providing services for minor/moderate burns to small parts of body 24 hour on-call registrar Links to level 5 rehabilitation services Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of burns services, with a special burns unit, including all emergency cases 24 hour on-call cover Statewide referral role Emergency care services provided by on-call specialist Undergraduate and post graduate teaching role Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Trauma			<ul style="list-style-type: none"> • Access to Medical Doctor advice within 30 minutes or Medical doctor in attendance within 30 minutes • Participates in the care of minor trauma • Rural: may be the occasional need for resuscitation of a major trauma patient, with rapid transfer on • Primary retrieval from incident site as the nearest emergency service • Secondary retrieval by fixed wing, rotary wing to Major Trauma Centres • Secondary retrieval of minor trauma by fixed wing or road transport to Regional Trauma Centres • Initial disaster response in a multi casualty event where centre is the nearest emergency health service • Rural Trauma Centres • Level IV NRTAC 	<ul style="list-style-type: none"> • Prompt assessment, resuscitation, emergency surgery & stabilisation of a small number of seriously injured patients and transfer on • General surgical service and participates in the care of minor trauma • 24 availability of an on-duty specialist surgeon & anaesthetist and/or generalist anaesthetist • nurse experienced in trauma • radiology facilities • Helicopters should be able to land safely nearby • Role in management, assessment and treatment of minor trauma in multi-casualty disaster response • Regional Trauma Centres. Urban Trauma Centres. • Level III NRTAC 	<ul style="list-style-type: none"> • A surgeon available in all specialties commensurate with Level 6 • 24hr availability of neurosurgical & cardiothoracic services • High level ICU trauma team response & operating suites with 24hr availability • Onsite helicopter landing site • Role in management of major trauma cases >48hrs during multi-casualty disaster response • Metropolitan Trauma Centres • Level II NRTAC 	<ul style="list-style-type: none"> • Full spectrum of care • 24hr trauma reception team • 24hr availability of senior consultant level general surgeon • Appointed trauma director • Elective & emergency surgery in neurosurgery, cardiothoracic, orthopaedics & plastics • Lead role in the coordination & management of mass casualty & disaster preparedness scenarios • Principal hospital for reception of inter hospital transfer of major trauma patients • Research • Education & fellowship training • Trauma systems overview • Quality improvement program • Data collection • Prevention & outreach programs • Trauma audit • Leadership responsibilities • Major Trauma Service • Level I NRTAC

Emergency Services		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Emergency Department			<ul style="list-style-type: none"> Local GPs rostered to provide 24 hour cover with service by RN Resuscitation and stabilisation Access to specialist services visiting or by telehealth 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Local GPs rostered to provide 24 hour cover with service by RN Emergency operating theatre facilities Resuscitation and stabilisation On-call generalist specialists Access to specialist SRN Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Medically staffed 24 hours per day Medical and surgical sub-specialists available on-call Accepts transfers from other hospitals in region Access to ICU and CCU facilities Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Emergency medicine consultant on duty 24 hours per day* Statewide referral role Backup from full range of medical and surgical specialists and diagnostic services ICU and CCU facilities <p>* Not currently operating in WA</p>	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Obstetrics and Neonatal Services						
Obstetrics	<ul style="list-style-type: none"> No planned births If required, inpatient care following birth elsewhere Antenatal, postnatal care is carried out by visiting public, ACHHO or RFDs GPs with or without the assistance of AHWs or RNs/RMs depending on the type of patient care needed. 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Normal low-risk pregnancies and births and management of newborns > 37+0 weeks gestation with minimal complications Service by GPs/GP obstetricians/DMOs and midwives Caesarean section transferred elsewhere but must be within safe timeframe Access to 24 hr telephone support from obstetricians Access to allied health telehealth Onsite Level 1 neonatal facilities 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Elective and emergency caesarean capability 24 hr anaesthetic service provided Visiting obstetrician Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Planned births of low and moderate risk mothers/babies Access to specialist obstetricians, paediatricians and anaesthetists On-call roster for obstetricians and anaesthetists Access to designated allied health services Some allied health undergraduate education Onsite Level 2A neonatal facilities 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Births of low, moderate and high risk mothers/babies Service provided to high risk mothers/babies by specialist obstetricians, neonatal paediatricians and anaesthetists Onsite 24 hr medical officer obstetric cover by registrar or above 24 hr cover by specialist obstetricians, paediatricians and anaesthetists Access to HDU/ICU facility Regional referral role Access to specialised allied health services Onsite Level 2B neonatal facilities 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Tertiary obstetric services Specialist obstetric services including subspecialty maternal fetal medicine, obstetric medicine, genetic services Dedicated HDU facilities Onsite access to ICU Has facilities to undertake obstetric and fetal research Coordinates training of specialist obstetricians and specialist midwives Onsite Level 3 NICU

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Neonatology	<ul style="list-style-type: none"> A neonatal service is not applicable, but for postnatal care of newborn infants, the standards within Level 2 (onsite Level 1 neonatal facilities) should be applied 	<ul style="list-style-type: none"> Onsite Level 1 neonatal facilities Normal low-risk pregnancies and births and management of newborns > 37+0 weeks gestation with minimal complications 24 hr onsite access to a health professional skilled in initiating (accredited) neonatal resuscitation phototherapy for physiological jaundice Telephone access to emergency care and transport Access to some allied health services 	<p>As for level 2</p>	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Onsite Level 2A neonatal facilities with low dependency patients and apnoea monitoring, low-level Oxygen therapy (including monitoring) and nasal/oral-gastric feeding Paediatricians on-call 24 hours Low to moderate risk pregnancies and births and management of newborns > 34+0 weeks gestation with minimal complications Short term intravenous therapy available All patients are referred for management by attending paediatrician Access to designated allied health services Some allied health undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Onsite Level 2B neonatal facilities with high dependency patients and provision of short-term mechanical ventilation (< 6 hours) pending transfer, nasal CPAP with facilities for arterial blood gas monitoring Non invasive BP monitoring Has access to clinical and diagnostic paediatric subspecialties Service led by neonatal paediatricians Paediatricians on-call 24 hours Paediatric registrar or above on site 24 hours Moderate to high-risk pregnancies and births and management of newborns > 32+0 weeks gestation with minimal complications Access to specialist SRN Role in post graduate medical and nursing education Careful consideration to receiving transfers from L1 neonatal facilities (Level 2 or Level 3 hospital) Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Onsite Level 3 NICU with high dependency patients and provision of medium-long term mechanical ventilation and full life-support Neonatal paediatricians on-call 24 hours High-risk, high dependency pregnancies and births Management of newborns < 32+0 weeks gestation Undertakes neonatal surgery and care for complex congenital and metabolic diseases of the newborn Coordinates statewide retrieval service Coordinates post graduate medical and nursing neonatal education Has neonatology research
		<p>Level 1 neonatal facilities</p>	<p>Level 1 neonatal facilities</p>	<p>Level 2A neonatal facilities</p>	<p>Level 2B neonatal facilities</p>	<p>Level 3 NICU</p>

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatrics Services						
Paediatrics	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed Stabilisation and first aid 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Paediatric medical beds – care by general practitioner On-call paediatric advice No surgery 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Outpatient care by visiting paediatrician Limited surgery by visiting paediatric surgeon or surgeon with paediatric skills Day surgery, uncomplicated elective surgery and emergency surgery Designated paediatric ward, including short stay Inpatient medical care by GP or paediatrician Access to some allied health services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Outpatient care by resident or visiting paediatrician Limited surgery by visiting paediatric surgeon Day surgery, uncomplicated elective surgery and emergency surgery Designated paediatric ward, including short stay Inpatient medical care by resident or visiting paediatrician Access to specialist SRN Possibly Resident/RMO rotations from Level 5 or 6 facility Access to designated allied health services Some undergraduate education 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care by resident paediatrician Registrar/RMO Regional referral role Some undergraduate teaching Range of paediatric surgery Resident paediatric surgeon 24 hour on-call paediatric anaesthetist Access to specialised allied health services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Statewide referral role Undergraduate and postgraduate teaching role Full range of paediatric surgery Paediatric ICU Neonatal ICU Onsite or 24 hr paediatric anaesthetic services Operates in specialist facility specialist SRN
Rehabilitation Services						
Rehabilitation		<ul style="list-style-type: none"> Limited level allied health availability 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Regular visiting services provided by district/regional allied health staff 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Full time salaried physiotherapy, occupational therapy Speech and social work services Region referral role Limited day hospital program 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Rehab program for both inpatient and outpatient Links between regions and designated metropolitan hospitals Rehab Specialist service with experienced RN/PT/OT/SP/Dietitian 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Have access to acute care Full-time rehab specialist

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Child and Adolescents Mental Health, Adult Mental Health, Older Persons Mental Health Services						
Emergency services (hospital based)			<ul style="list-style-type: none"> No specialist mental health professionals available on site Emergency assessment capacity 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Mental Health professionals on call 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Mental health professionals on duty 24/7 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Designated mental health emergency beds
Mental health inpatient services			<ul style="list-style-type: none"> Capacity for non authorized mental health treatment only Admission and management by general practitioners or other medical officers Capacity to cope with acutely unwell pending transfer Limited assessment and treatment for severe and persistent mental health conditions Limited access to mental health multidisciplinary team 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Capacity for dedicated but non authorized mental health treatment only Assessment and treatment for severe and persistent mental health conditions Capacity to cope with acutely unwell Multidisciplinary staff available 24/7 on call Capacity for undergraduate and postgraduate teaching role 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Capacity for authorized mental health treatment Comprehensive multidisciplinary team routinely available on site Limited consultation liaison services to general health wards Capacity to participate in research 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Assessment and treatment for complex mental health conditions Comprehensive multidisciplinary team available 24/7 on site Psychiatric consultation liaison services available to general health wards A strong academic and research focus

NB: Future planning for mental health inpatient services will not include non authorized facilities. That is, in the future all units will be authorized. Given the CSF is an evolving body of work, non authorized facilities have been included in this revision as they still exist

For Level 6: The definition of **complex mental health presentations**:

Clients with complex mental health presentations are characterized by having more than one significant condition. Individuals experience severe and persistent mental illness and one or more of the following conditions: age related physical or medical conditions, substance use disorders, developmental disorders and neuropsychiatric disorders. Clients requiring forensic care are also included.

Disaster Preparedness		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Disaster Preparedness	<ul style="list-style-type: none"> Hospital PABX line with back-up non PABX line and must be able to communicate with Regional EOC (REOC) Single fax line for hospital <p>All other disaster preparedness requirements to be based on local risk assessment</p>	<ul style="list-style-type: none"> As per level 1 plus Need Emergency Operations Centre (EOC) EOC to be connected to essential power supply EOC to have a minimum of 2 networked computers <p>All other disaster preparedness requirements to be based on local risk assessment</p>	<ul style="list-style-type: none"> Hospital communication and EOC set up as per level 2 Specific storage area for disaster equipment <p>All other disaster preparedness requirements to be based on local risk assessment</p>	<p>As per level 3 plus:</p> <ul style="list-style-type: none"> Need for decontamination showers to be based on risk assessment in relation to local industry. Ability to manually secure the perimeter of the hospital CCTV monitoring at designated entry, exits, and pharmacy and footage from each camera shall be recorded. Alternative entry/exit that is capable of managing large numbers of people and vehicles. 	<ul style="list-style-type: none"> Metro EOC's Two pre-designated Emergency Operations Centre (EOC) locations in different geographical areas with redundancy in power supply. EOC to have a minimum of 10 networked computers, 2-way radio communication with HEOC, direct phone line to FESA, dedicated satellite phone lines and ability to digitally record EOC telephones. WACHS – Regional Emergency Operations Centres (REOC) for the purpose of coordinating a regional response. REOC must be able to communicate with SHEOC, have incoming and out-going fax lines, be connected to UPS and have a minimum of 4 networked computers 	<p>As for level 5 plus</p> <ul style="list-style-type: none"> 6 – 8 decontamination showers Secure ED storage room for disaster equipment. 2 x negative pressure rooms 1 x 20 bed ward capable of isolation. Separate roads for entry and exit to hospital 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Disaster Preparedness (cont.)</p>	<p>For detailed requirements, refer to Group 5 in the "Redundancy & Disaster Planning in Health's Capital Works Program" document available at www.health.wa.gov.au/disaster</p>	<p>For detailed requirements, refer to Group 5 in the Redundancy & Disaster Planning in Health's Capital Works Program" document</p>	<p>For detailed requirements, refer to Group 4 in the Redundancy & Disaster Planning in Health's Capital Works Program" document</p>	<p>For detailed requirements, refer to Group 3 in the Redundancy & Disaster Planning in Health's Capital Works Program" document</p>	<p>All other criteria as for level 4 plus:</p> <ul style="list-style-type: none"> • Hospital PABX line and non-PABX line connected to uninterrupted power supply (UPS) • 4 x decontamination showers • 1 x negative pressure room • 1 x 4-bedded room capable of isolation • Electronic perimeter security • CCTV monitoring and able to store footage for 10-14 days. • Internal Hospital 2-way Radio Network • Radiological monitoring devices at ED entrances. • Single chemical contamination isolation room in ED. • ED Disaster team prep area. <p>For detailed requirements, refer to Group 2 in the Redundancy & Disaster Planning in Health's Capital Works Program" document</p>	<p>For detailed requirements, refer to Group 1 in the Redundancy & Disaster Planning in Health's Capital Works Program" document</p>

Clinical Support Services		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Pathology	<ul style="list-style-type: none"> Specimen collection by RN or GP Specimens transmittal to referral laboratory 	<ul style="list-style-type: none"> Specimen collection by pathology staff Able to perform a defined range urgent tests 	<ul style="list-style-type: none"> Performs range of basic tests May have blood gas analyser Blood bank Services surrounding areas Full time laboratory scientists 	<ul style="list-style-type: none"> 24 hour on site service Pathology department Full time pathologist Microbiology and histopathology available Regional referral role 	<ul style="list-style-type: none"> Statewide referral role Teaching and research role Specialist registrar in training 		
Radiology	<ul style="list-style-type: none"> Mobile service and limited to x-ray of extremities, chest, abdomen Interpreted by onsite doctor/health professional or by electronic means 	<ul style="list-style-type: none"> On site designated room Radiographer in attendance who has regular access to radiological consultation Simple ultrasound capacity for foetal monitoring Teleradiology facility available 	<ul style="list-style-type: none"> Facilities for general and fluoroscopy, in addition to mobile CD for wards, OR and ED Auto film processing capacity Mobile image intensifier in OR and/or ICU/CCU Staff radiographer on-call 24 hours Visiting specialist radiological appointment Always has ultrasound May have CT scanner Registered nurse as required Teleradiology facility available 	<ul style="list-style-type: none"> Established Department Full ultrasound Has radiologist in charge May have radiology registrar Has registered nurse 24 hour on site service for urgent x-rays CT scanner on site or locally available PACs available Possible MRI 	<ul style="list-style-type: none"> Special rooms for digital angiography, neuroradiology etc CT scan and full ultrasound service available 24 hours Always has MRI and digital angiography Has radiology registrar and post graduate fellows Performs invasive procedures PACs available 		

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Pharmacy	<ul style="list-style-type: none"> • Service oversight by pharmacist located elsewhere • Drugs supplied on individual prescription from community pharmacy 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> • Visiting pharmacist from regional hospital • Minimal clinical service • Staff education • Drugs provided by regional hospital 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> • At least one pharmacist employed full time • Pharmacy drug purchasing and distribution to inpatients in accordance with state drug policies and formulary • May provide pharmacy undergraduate and postgraduate teaching role • May have regional role 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • More than one pharmacist employed • Emergency after hours on-call service • Limited clinical pharmacy service to inpatients • Limited outpatients dispensing • Develops local drug policies • Participates in hospital committees • May provide pharmacy undergraduate and postgraduate teaching role • May have regional role 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • 6 day service and on-call service • Inpatient and outpatient services • Drug information • Extensive clinical pharmacy service to inpatients • Intravenous additive and/or cytotoxic drug preparation • Extemporaneous dispensing • Support for clinical trials • Undergraduate and postgraduate pharmacy teaching role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • 7 day service with extended hours • 24 hour on-call service • Specialist pharmacist positions eg oncology, cardiology, paediatrics, geriatrics, psychiatry, drug information • Involved in research, clinical trials, clinical review, DUE's, • Provide undergraduate and postgraduate teaching role • Product evaluation with drug use/policy development

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
ICU/HDU		<ul style="list-style-type: none"> Recovery area for post-operative patients Different high dependency area for general ward patients requiring observation over and above that available in general ward area RN equivalent to 4 hrs/patient/day (1:6) desirable 	<p>As for level 2 plus</p> <ul style="list-style-type: none"> 24 hr access to Medical Officer on site or available within 10 minutes RN equivalent to 6 hrs/patient/day (1:4) desirable for high dependency beds. Has NUM Separate recovery area preferable Liaison psychiatry available Access to medical and nursing education programs 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Mechanical ventilation and simple invasive cardiovascular monitoring for several hours Separate and self-contained facility in the hospital capable of providing basic, multi-system life support usually for less than 24 hours Medical Director with training and experience in intensive care At least one RMO on site or available to the unit at all times Equivalent to level I FICANZCA Guidelines 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for a period of several days Separate and self-contained facility in hospital capable of providing complex multi-system life support Medical Director accredited Intensive Care Specialist or consultant physician in intensive care At least one specialist accredited with appropriate experience in intensive care Plus one RMO(s) who is on site, predominantly present in the unit and exclusively rostered to the unit at all times NUM with post-registration qualifications in intensive care or the clinical speciality of the unit Nurse in charge of the shift is a permanent staff member and appropriate qualified All nursing staff of unit responsible for direct patient care are RNs 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Mechanical ventilation, extra corporeal renal support services and invasive cardiovascular monitoring for an indefinite period Separate and self-contained unit in hospital capable of providing complex, multi system life support for an indefinite period Referral centre for intensive care patients Medical Director accredited Intensive Care Specialist or consultant physician in intensive care Plus one RMO who is in the hospital, predominantly present in the unit and exclusively rostered to the unit at all times NUM with post-registration qualifications in intensive care or units clinical speciality Nurse in charge of shift is permanent staff member and appropriately qualified

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
ICU/HDU (cont.)					<ul style="list-style-type: none"> Majority of nursing staff have post-registration qualifications in intensive care or clinical speciality of the unit 1:1 care for ventilations or equivalently critically ill Capacity to provide greater than 1:1 care if required At least two RNs in unit if there is a patient in the unit Active medical and nursing education programs Access to the CNE 24 hr access to pharmacy, pathology, operating suite and imaging Appropriate access to physiotherapist, social worker, dietitians, pastoral care and other allied health services Equivalent to level II of FICANZCA Guidelines 	<ul style="list-style-type: none"> Must be RNs if providing direct patient care. Majority of nursing staff have post-registration qualifications in intensive care or unit clinical speciality 1:1 care for ventilations or equivalent critically ill, greater than 1:1 for selected patients More than two RNs present in the unit if patient in the unit CNE and formal nursing educational program Physiotherapy services are accessible Appropriate access to other allied health services Active research Designated social worker Biomedical engineering services on site Equivalent to level III FICANZCA Guidelines

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric ICU						<p>As for level 5 for adults plus:</p> <ul style="list-style-type: none"> • Provides complex, multi-system life support for an indefinite period • Tertiary referral centre for children needing intensive care • Have extensive backup laboratory and clinical service facilities to support this tertiary role • Able to provide mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children less than 16 years of age, or care of a similar nature • Specialist RN • Access to specialist SRN • On duty medical officer • On call consultant

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
CCU				<ul style="list-style-type: none"> • Able to supply critical care expertise for coronary patients • Provides a level of care more intensive than ward based care • Discrete area within the health facility (may be combined within an ICU or HDU) • Non invasive monitoring • Can provide resuscitation and stabilisation of emergencies until transfer or retrieval to a back up facility • Specialist RN • Access to specialist SRN • Formal link with public or private health facility(s) for patient referral and transfer to/ from a higher level of service, to ensure safe service provision 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Able to provide additional monitoring capacity (central monitoring at staff station) for cardiac patients and increased medical and nursing support • As for CCU service level 4 plus: • Bedside and central monitoring capacity (able to monitor patients at the staff station) 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Provides full range of cardiac monitoring (including invasive monitoring) for cardiac patients • Full cardiology support including 24 hour on-call echocardiography, angiography, angioplasty and permanent pacemaker services • As for CCU service level 5 plus: • Invasive cardiovascular monitoring (indefinitely) • Highest level referral centre for CCU patients with active liaison with lower level critical care services for referrals and transfer of patients to ensure safe service provision
Anaesthetics		<ul style="list-style-type: none"> • Analgesia/minimal sedation available by visiting medical officer 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> • General Anaesthetics on low-risk patients given GP anaesthetists or general anaesthetist • May have visiting specialist anaesthetist 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • General anaesthetics on low-risk patients given by accredited medical practitioner • Specialist anaesthetist appointed for consultation and to provide service for moderate risk patients • Specific operating room anaesthetic staff support available 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Specialist anaesthetist on 24 hour roster for low, moderate and high risk patients • Nominated specialist director of anaesthetic staff • Anaesthetic registrar on site 24 hours 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Sub specialists, research and teaching of graduates and undergraduates • Teaching and research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Operating Theatres		<ul style="list-style-type: none"> Minor procedure capability no emergency operating theatre 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Single operating theatre for minor / same day procedures 24 hour cover for caesarian section if performing obstetrics 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> More than one operating theatre / procedure room Separate recovery Accredited medical practitioner providing anaesthetic services Specialist RN Access to specialist SRN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Specialist anaesthetist on 24 hour roster for low, moderate and high risk patients Medical officer on site 24 hours Access to ICU 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Multiple operating theatres and procedure rooms Major and complex procedures (cardiothoracic and transplant) Teaching and research role
Teaching, Training and Research		<ul style="list-style-type: none"> Access to clinical e-learning 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Some medical nursing and allied health teaching programs Rotational student placements 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Some intern, registrar and resident teaching Some specialist nursing and allied health teaching Possibly collaborative research 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Small research unit Specialist teaching for nursing and allied health Some intern, resident and registrar teaching 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Large Research Unit/ Institute with links to universities Full teaching program at all levels Formal teaching links with the universities

Non Hospital Services Definitions

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Sexual Health Medicine	<ul style="list-style-type: none"> Emergency services with assessment, treatment and appropriate referral by RN or medical practitioner with limited training in STIs Links with identified sexual health services 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Designated clinic sessions run by Nurse practitioner or MO with recognised qualifications. Limited outreach and education. On site microscopy available Contact tracing responsibility 	<p>As for level 2 plus</p> <ul style="list-style-type: none"> NP or MO and multidisciplinary team including counsellors. Health promotion and education. Access to specialist medical services. Link to sexual assault.. 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Sexual health physician sessions. Provides GP and junior staff training and support. Formal link to specialist services including HIV. Research and multidisciplinary health promotion conducted 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Sexual health physician on staff and team of medical and nursing staff with recognised qualifications and specialist clinics in areas such as dermatology and colposcopy. Clinical research and professional development. On site laboratory. Undergraduate and postgraduate teaching integrated with level 6 services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Access to inpatient beds and services including theatres and HITH
Emergency Services						
Urgent Primary Care	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed Basic resuscitation equipment and drugs 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Limited GP cover Services by RN Resuscitation and stabilisation capability 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Local GPs rostered to provide 24 hour cover with service by RN Minor procedure capability Resuscitation and stabilisation capability 			

		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Public Health Services							
Environmental Health <ul style="list-style-type: none"> Health Protection including food, air, water, radiation, pharmaceutical, pesticides, mosquito borne diseases 	<ul style="list-style-type: none"> Community based organisations responsibility with support from local government 	<ul style="list-style-type: none"> As for level 1 plus: Local Government responsibility with access to DOH statewide unit when required 	<ul style="list-style-type: none"> As for level 2 plus: Local links between Local Government and Population Health Unit 	<ul style="list-style-type: none"> As for level 3 plus: Coordinate investigations of local incidents 	<ul style="list-style-type: none"> As for level 4 plus: Comprehensive multidisciplinary Population Health Unit 	<ul style="list-style-type: none"> As for level 5 plus: Statewide program, planning, and coordination roles Dedicated officers with statewide responsibilities and legislated service functions 	
Communicable Disease Control <ul style="list-style-type: none"> Includes food and water borne diseases, vaccination programs, STI's, BBV's and arboviral diseases 	<ul style="list-style-type: none"> Visiting primary health services not including GP's 	<ul style="list-style-type: none"> As for level 1 plus: Visiting primary care providers, including GPs and Community Health Nurses 	<ul style="list-style-type: none"> As for level 2 plus: Resident primary care provider supporting state programs including GPs and Community Health Nurses 	<ul style="list-style-type: none"> As for level 3 plus: CDC Nurse in Population Health Unit 	<ul style="list-style-type: none"> As for level 4 plus: Comprehensive multidisciplinary Population Health Unit with disease control doctor and capacity to: Investigate cases/outbreaks Perform contact tracing Coordinate regional vaccination programs etc 	<ul style="list-style-type: none"> As for level 5 plus: Statewide program, planning, and coordination roles Dedicated officers with statewide responsibilities and legislated service functions 	
Child and Community Health <ul style="list-style-type: none"> Community Health Services, School Health Services, Child Health Services, Child Development Services 	<ul style="list-style-type: none"> Visiting primary care providers 	<ul style="list-style-type: none"> As for level 1 plus: Resident primary care providers with access to statewide program initiatives 		<ul style="list-style-type: none"> As for level 2 plus: Child and Adolescent Community Health Service or Child Development Centre 	<ul style="list-style-type: none"> As for level 4 plus: Multidisciplinary population health services with Community Health staff 	<ul style="list-style-type: none"> As for level 5 plus: Statewide Policy, program, planning, training and research roles 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Aboriginal Health	<ul style="list-style-type: none"> • Visiting primary care providers 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> • Visiting mainstream health service providers (including GPs) 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> • Mainstream health service providers 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • Community controlled Aboriginal health service 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Integrated service delivery 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Statewide program, planning, and coordination roles • Dedicated officers with statewide responsibilities
Health Promotion	<ul style="list-style-type: none"> • Information services such as visiting primary care providers internet, publication distribution, phone info line 	<p>As for level 1 plus</p> <ul style="list-style-type: none"> • Behaviour/risk assessment • Brief interventions eg smoking, diet, weight • Primary care referral pathways 	<p>As for levels 2 plus:</p> <ul style="list-style-type: none"> • Specialist advice through allied health practitioners, lifestyle cessation, nutrition, physical activity, weight management, mental health) • Implement community based skills development programs 	<p>As for level 1 plus / may include levels 2 and/or 3</p> <ul style="list-style-type: none"> • Health promotion officers • Local area /community health promotion programs/initiatives • Community development - engagement, community action, capacity development and advocacy • Intervention related partnerships with local govt, community organisations, workplaces, schools on policy/programs • Sponsorship of local community activities • Environmental initiatives (safe, supportive settings) 	<p>As for level 1 and 4 plus / may include levels 2 and/or 3:</p> <ul style="list-style-type: none"> • Comprehensive multidisciplinary Public Health Unit including health promotion officers • Regional research, planning, policy and coordination • Developing and piloting new programs • Evidence based region wide programs/initiatives • Targeted initiatives for special needs groups (eg mental health) • Partnerships with local govt, other govt agencies and community organisations • Workforce capacity building 	<ul style="list-style-type: none"> • Dedicated officers with statewide responsibilities • Statewide research, planning, policy, resource allocation and coordination role • Development, implementation and evaluation of statewide programs and campaigns • Targeted statewide or system wide health promotion programs (ATS) • Workforce capacity building (training) • Regulation and legislation • Partnerships with other govt agencies, industry, NGOs • Statewide intersectoral work to develop supportive environments and related policy • Federal liaison, communication and delivery of agreed programs and policies

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Breastscreen</p> <ul style="list-style-type: none"> Screening and assessment 		<ul style="list-style-type: none"> Visiting service by mobile screening unit All images read by specialist radiologist 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Fixed site screening clinic 		<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Assessment by an experienced multidisciplinary team of screen detected abnormalities 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Statewide program, planning, and coordination roles Dedicated officers with statewide responsibilities
<p>Cervical</p> <ul style="list-style-type: none"> Health promotion, screening awareness, maintain cervical cytology register 	<ul style="list-style-type: none"> Visiting primary care providers 		<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Resident primary care providers, including GPs 		<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Pathology laboratories trained in the collation and reporting of Cervical Cytology Registry data 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Statewide Program, planning, and coordination roles Dedicated officers with statewide responsibilities
<p>Genomics</p> <ul style="list-style-type: none"> Education, research 	<ul style="list-style-type: none"> Visiting primary care providers with no specific program 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Visiting primary care providers with access to statewide education and information 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Resident primary care providers with access to statewide education and information 			<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Statewide Program, planning, and coordination roles Dedicated officers with statewide responsibilities
<p>Migrant Health</p>					<ul style="list-style-type: none"> Comprehensive, multidisciplinary free screening program provided to newly arriving refugees (attendance is voluntary), including: <ul style="list-style-type: none"> Provision of management plan & referral to community nursing for followup Referral to specialty clinics as required 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Drug and Alcohol Services - Prevention	<ul style="list-style-type: none"> Information services; the Alcohol and Drug Information Service (ADIS) and the Parent Drug Information Service (PDIS). Local Drug Action Groups 	<p>As for level 1 plus</p> <ul style="list-style-type: none"> Local population health and community drug services provide alcohol and drug prevention initiatives Targeted social marketing campaign websites School drug education 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Community development - engagement, community action, capacity development and advocacy Intervention related partnerships with local government, community organisations, workplaces, schools on policy/programs 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Prevention Officers Local area /community health promotion programs/initiatives Environmental initiatives (safe, supportive settings) 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Comprehensive Prevention services including regional alcohol management strategies. Evidence based region wide programs/initiatives Targeted initiatives for special needs groups (eg mental health) Partnerships with local government other government agencies and community organisations Workforce capacity building Sponsorship programs related to campaign messages 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Dedicated officers with statewide responsibilities Statewide research, planning, policy, resource allocation and coordination role Development, implementation and evaluation of social marketing prevention campaigns and programs Liquor licensing monitoring and to reduce the availability of alcohol in high risk communities. Partnerships with other govt agencies, industry, NGOs Statewide intersectoral work to develop supportive environments and related policy

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Drug and Alcohol Services – Treatment and support	<ul style="list-style-type: none"> No specialist alcohol and drug professionals available on site. Information, risk assessment and referral is provided by community health staff and GPs. Information, counselling and referral are provided through the Alcohol and Drug Information Service (ADIS), a state-wide 24 hour telephone line. Support for health via the Drug and Alcohol Office's Clinical Advisory Service. Sobering up Centres may be available for the safe care of persons found intoxicated in public. Limited alcohol and drug liaison in emergency departments with links to alcohol and drug specialist services 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Assessment, brief interventions for alcohol, cannabis and other drugs Pharmacotherapy for opioid dependence / treatment provided by trained and accredited GPs and medical officers. Limited on site outpatient alcohol and drug services in some remote areas, visiting alcohol and drug professionals available. Consultation liaison services are provided via telephone and may also be available by video conferencing. Call back service for people quitting smoking and referral from GPs for the Quitline and for other drugs. Assessment and referral for the diversion of offenders into education and treatment Limited outreach counselling for young people and adults engaged with other services provided by dedicated alcohol and drug services 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Local alcohol and drug professionals are available on site during business hours. Specialist assessment and treatment Counselling and support for families and significant others affected by drug use. Alcohol and drug residential rehabilitation services may be available Limited alcohol and drug services in Aboriginal community controlled services. Some hospital based detoxification services are available. Formal linkages at with child protection and mental health for coordinated services, referral and case management. 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Limited comprehensive multidisciplinary alcohol and drug teams available on site. Outpatient /home based withdrawal support services. Access to services for co-occurring mental health and alcohol and drug problems Limited access to inpatient beds and rehabilitation services. 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Specialist addiction medicine professionals on site and clinical psychologist and Clinical research and professional development. Access to inpatient beds and services Access to inpatient beds and services (ATSI). Inpatient withdrawal support services (non-medical) Volunteer addiction counsellor training program. 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Specialist statewide services provided for complex conditions. Statewide research, planning, policy, resource allocation and coordination role Workforce capacity building (training, conferences, registered training organisation) Prevalence surveys and epidemiology Clinical Support and training provided for community pharmacotherapy programs Specialist alcohol and drug maternity service Inpatient detoxification services with medical/ nursing support Specialist and integrated services available for young people.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Primary Care Services						
GP based	<ul style="list-style-type: none"> • Visiting GP or GP by phone • Some visiting allied health • Other services such as child health and post natal care by RN 		<p>As for level 1 plus:</p> <ul style="list-style-type: none"> • Resident GPs • Some visiting Type I specialists (outpatients) • Resident or visiting physiotherapy • Other visiting allied health • Other services by RN/CHN (resident) 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • Resident GPs • Most visiting Type I sub-specialists • Majority allied health available • Resident community nursing specialist 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Resident GPs • Resident some/all Type I sub-specialists • Visiting Type II sub-specialists • Full range of allied health • Extensive community nursing service 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Resident GPs • Full range of Type I and II sub-specialists • Full range of allied health • Extensive community nursing service • Research and teaching role
Community Midwifery					<ul style="list-style-type: none"> • Caseload midwifery within maternity group practice 	<ul style="list-style-type: none"> • Dedicated officers with statewide responsibilities • Development, implementation and evaluation of clinical governance, policy, procedures and guidelines for the program • Targeted marketing of program
Ambulatory Care Services						
Acute Substitution	<ul style="list-style-type: none"> • GP/or primary care provider 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> • GP and specialist outpatient clinic • Limited access to generalist domiciliary nursing 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> • Visiting specialist • Specific programs for ambulatory surgery, HITH, RITH • Some early discharge services • Access to generalist domiciliary nursing and some allied health 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> • Increasing range and complexity of acute substitution programs • Good access to generalist allied health/nursing staff • Access to hospital medical/surgical team • Visiting medical specialist/general surgeon 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> • Specialist medical/nursing/ allied health staff • Increased range and complexity • Enhanced diagnostics • Teaching and training role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> • Research role • Fully integrated ambulatory care services • Fully integrated diagnostics • Includes regional subacute centre/service • Range of sub-specialties

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Hospital Avoidance	<ul style="list-style-type: none"> GP/or primary care provider 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> GP and specialist outpatient clinic Limited access to generalist domiciliary nursing 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Visiting specialist Some chronic disease programs Access to generalist domiciliary nursing and some allied health 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Increasing range and complexity of hospital avoidance/chronic disease programs Visiting medical specialist Good access to generalist allied health/nursing staff 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Specialist medical/nursing/ allied health staff Increased range and complexity Enhanced diagnostics Teaching and training role Avoidance services eg: Residential Care Line 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Research role Fully integrated ambulatory care services Fully integrated diagnostics Includes regional subacute centre/service
Aged Care	<ul style="list-style-type: none"> GP/or primary care provider 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> GP and specialist outpatient clinic at discharge hospital Access to generalist allied health and some domiciliary nursing 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Visiting specialist Some hospital avoidance/hospital substitution Some early discharge services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Links with HACC Increasing range and complexity of hospital avoidance/substitution/early discharge Chronic disease programs Visiting medical specialist Good access to generalist allied health/nursing staff 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Specialist medical/nursing/ allied health staff Increased range and complexity HACC integration Enhanced diagnostics Teaching and training role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Research role Fully integrated ambulatory care services Fully integrated diagnostics Includes regional subacute centre/service
Outpatients	<ul style="list-style-type: none"> GP/or primary care provider 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> GP and specialist outpatient clinic at discharge hospital Limited access to generalist domiciliary nursing 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Visiting specialist Access to generalist domiciliary nursing and some allied health Post acute care – may be provided through hospital or community services Some chronic disease programs Some rehabilitation programs 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Increasing range and complexity programs Visiting medical specialist Good access to generalist allied health/nursing staff 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Specialist medical/nursing/ allied health staff Increased range and complexity Enhanced diagnostics Teaching and training role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Research role Fully integrated ambulatory care services Fully integrated diagnostics Includes regional subacute centre/service

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Dental Services	<ul style="list-style-type: none"> Emergency and general oral care to enrolled school children Mobile or fixed sites Provided by school dental therapists and dentists Provides undergraduate clinical training in Oral Health disciplines Minor research role 	<ul style="list-style-type: none"> Emergency and general oral health care to eligible patients Mobile or fixed site Care provided by dentists, dental therapists, dental hygienists or dental prosthetists Provides undergraduate clinical training in Oral Health disciplines Minor research role 	<ul style="list-style-type: none"> Provides general and some specialist dental services to eligible patients Fixed site Provides undergraduate clinical training in Oral Health disciplines Research role 	<ul style="list-style-type: none"> Provides general and some specialist dental services to eligible patients Fixed site Care provided by registered dentists Provides a wide scope of undergraduate and postgraduate training in Oral Health disciplines Substantial research role (or research training role) 	<ul style="list-style-type: none"> Specialist treatment in specific oral health disciplines available to selected patients Fixed site Care provided by postgraduate students or registered specialists Substantial research role (or research training role) 	<ul style="list-style-type: none"> General anaesthetic for day surgery or longer admission if available Fixed site Care provided by postgraduate students or registered specialists Substantial research role (or research training role)
Child and Adolescents Mental Health, Adult Mental Health, Older Persons Mental Health Services						
Community mental health services	<ul style="list-style-type: none"> No specialist mental health professionals available on site. Assessment/treatment for common conditions is provided by community health staff and GPs Emergency services are available from local hospitals/ nursing posts and mental health emergency response line (24 hour telephone line) 	<ul style="list-style-type: none"> As for Level 1 plus: Limited on site mental health professionals, and visiting mental health professionals available. Specialist assessment and treatment is provided, plus provision of advice to families, community and health practitioners. Consultation liaison services are provided 	<ul style="list-style-type: none"> As for Level 2 plus: Local mental health professionals are available on site during business hours. Visiting specialists are available, and may also be available by video conferencing. 	<ul style="list-style-type: none"> As for Level 3 plus: Comprehensive multidisciplinary mental health team available on site. Limited specialists available on site including child/adolescent and/or psychogeriatric care specialists. Limited after hours services may be available. Services may provide education and training programs and other services, via video conferencing and phone, for lower-level services. 	<ul style="list-style-type: none"> As for Level 4 plus: Specialist mental health professionals on site including child/adolescent and/or psychogeriatric care specialists. Services are available 24/7 when required. Undertakes a limited range of teaching and research functions. 	<ul style="list-style-type: none"> As for Level 5 plus: Specialist statewide services provided for complex conditions. Undertakes a range of teaching and research functions. Provides services via video conferencing for lower-level services.

